



**City of Anthony, New Mexico**  
820 HWY 478  
Anthony NM 88021  
PH: 575-882-2983 FAX: 575-882-2978

**Request for Proposal  
Employee Health Benefit Broker**

**ADDENDUM #1  
RFP 04142022-01  
Issued 04/22/2022**

**This addendum is issued to add appendix D to RFP 04142022-01,  
Attention Potential Bidders:**

A. This addendum will be an integral part of RFP # 04142022-01. Note: Failure to recognize the existence of this addendum does not relieve offeror from having to abide by revised RFP requirements.

B. RFP respondents must acknowledge receipt of this addendum in the signed letter of transmittal.

C. Notice revisions in the following sections of the RFP.

**1) APPENDIX D**

**Current medical plan: SEE APPENDIX D (attached here within)**



**APPENDIX D: ACKNOWLEDGEMENT OF RECEIPT OF DOCUMENTS FOR:  
RFP #04142022 Employee Health Benefits Broker**

**ACKNOWLEDGEMENT OF RECEIPT FORM**

In acknowledgement of receipt of this RFP the undersigned agrees that he/she has received a complete copy, beginning with the Title Page and ending with Instructions for Offerors. The acknowledgement of receipt should be signed and returned the Procurement Manager, May 05, 2022. Only potential offerors who elect to return the completed form and intend to submit a proposal will receive copies of all offeror written questions and the City's written responses to those questions, as well as any RFP amendments.

COMPANY NAME:

\_\_\_\_\_

REPRESENTATIVE:

\_\_\_\_\_

TITLE: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

FAX : \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\* THE INDIVIDUAL'S NAME AND ADDRESS ON THIS FORM WILL BE USED FOR ALL  
CORRESPONDENCE RELATED TO THE RFP\*\***

\_\_\_\_\_ FIRM DOES INTEND TO RESPOND TO THIS RFP

\_\_\_\_\_ FIRM DOES NOT INTEND TO RESPOND TO THIS RFP

PLEASE CHECK ONE OF THE OPTIONS AND RETURN TO CITY OF ANTHONY

PROCUREMENT MANAGER BY May 05, 2022 via email [bhidalgo@cityofanthonymn.org](mailto:bhidalgo@cityofanthonymn.org) with the **SUBJECT LINE AS BENEFIT BROKER ADDENDUM.**

# Appendix

## Appendix A: Employee enrollment detail and rates

\* Current and renewal medical rates reflect the participant's age on the renewal date and may not be the same as the rates billed in the current billing.

Covered Employee	Age	Sex	Dep Cov <sup>1</sup>	Empl Status	Spo Age	Child Count	Current		
							Plan Name	Premium	
	27	F	E	A			CC-6L / RX E98	\$463.93	
	26	M	E	A			CC-6L / RX E98	\$453.30	
	27	M	E	A			CC-6L / RX E98	\$463.93	
	26	M	E	A			CC-6L / RX E98	\$453.30	
	28	M	E	A			CC-6L / RX E98	\$481.19	
	48	M	S	A	54		CC-6L / RX E98	\$1,668.90	
	40	M	E	A			CC-6L / RX E98	\$565.75	
	58	M	E	A			CC-6L / RX E98	\$1,127.95	
	44	M	E	A			CC-6L / RX E98	\$618.42	
	39	M	S	A	35		CC-6L / RX E98	\$1,099.61	
	31	M	E	A			CC-6L / RX E98	\$513.07	
	28	F	E	A			CC-6L / RX E98	\$481.19	
	35	F	E	A			CC-6L / RX E98	\$540.95	
	25	M	E	A			CC-6L / RX E98	\$444.45	
	53	M	E	A			CC-6L / RX E98	\$903.07	
	41	M	F	A	38	1	CC-6L / RX E98	\$1,466.60	
	47	M	F	A	48	2	CC-6L / RX E98	\$2,274.93	
	34	M	E	A			CC-6L / RX E98	\$537.41	
<b>Total Premium</b>									<b>\$14,557.95</b>

**END OF ANDENDUM**

**BONNIE HIDLAGO-CHIEF PROCUREMNT OFFICER**