

BID # SDOC-08-P-084-CJ

March 27, 2008

**ADDENDUM NO.: 2
(To be attached and become a part of the RFP)**

EMPLOYEE BENEFIT CONSULTING SERVICES

To be opened, **April 2, 2008** at 2:00 p.m., in the School District of Osceola County, Purchasing Department, 817 Bill Beck Boulevard, Kissimmee, Florida 34744.

On page 7 of the RFP, Section 3.02 Proposed Schedule: The Oral Presentations were scheduled for April 17, 2008. Due to a conflict in scheduling they will be **now** be held on **April 18, 2008**.

Further clarifications on the questions asked.

Question 8

If commission, please provide the approximate total commission dollars paid under the most recent 12 month period.

Answer: Not available. SEE ATTACHED, Attachment C

Where there additional dollars paid to Brown and Brown under contingent or bonus commission programs offered by the carriers?

Answer: Yes, B&B qualified for additional compensation of \$51,372 based on membership in our plans during 2005 (paid in 06/07).

Revision of:

Question 18 (original asked)

Is it anticipated that the consultant selected will become the agent of record for all lines of coverage, e.g., dental, vision, life, disability?

Answer: No.

Will commissions on these products be available to serve as an off-set to consulting fees?

Answer: May be considered.

Revised Question 18

Will the selected broker/consultant become the broker of record for the health and welfare plans (e.g. medical, dental, life, disability and vision plans)?

Answer: No.

If not, who will be the broker of record for those programs and what is the expected compensation and scope of services required from them.

Answer: This could be negotiated as those services are contracted out.

Acknowledgement of Addendum #2 by Vendor:

This addendum shall be completed by Vendor and returned with the RFP Package. If the RFP package has already been submitted, this addendum must be submitted to the above address in a sealed envelope, which is marked on the outside Addendum to RFP, RFP title and number.

This is to acknowledge receipt of this addendum, which will become part of the RFP document.

AUTHORIZED NAME (TYPED)

TITLE

AUTHORIZED SIGNATURE

COMPANY NAME

Attachment C

Commission Projection - Based on current enrollments

CIGNA ASO Fee 6669	\$6,669.00 *12		\$80,028.00
Life Insurance	\$90,912.36 *10	\$909,123.60	\$27,273.71
Dental	\$208,196.80 *10	\$2,081,968.00	\$62,459.04
Vision	\$51,747.18 *10	\$517,471.80	\$25,873.59
Disability	\$122,966.66 *10	\$1,229,666.60	\$184,449.99
			\$380,084.33