

**FORT WORTH HOUSING AUTHORITY
1201 EAST 13TH STREET
FORT WORTH, TEXAS 76102
September 27, 2010**

**ADDENDUM #1
Request for Proposal
Group Health Insurance
Due: October 20, 2011**

Addenda: The undersigned hereby acknowledges receipt of the following addendum to the Specifications,

Various vendors have requested additional information and/or clarification of information provided. Below are the questions asked and answers.

- 1** Please provide circumstances where an employee is allowed to decline benefits offered the Fort Worth Housing Authority?

Answer:

There are no restrictions. If an employee is required to pay towards the insurance, he/she may decline.

- 2** Please provide employer contributions for both employees and dependents.

CIGNA 2011 PPO			CIGNA 2011 PPO High Deductible			CIGNA 2011 HMO		
TOTAL	FWHA	Employee	TOTAL	FWHA	Employee	TOTAL	FWHA	Employee
PREMIUM	Monthly	MONTHLY	PREMIUM	Monthly	MONTHLY	PREMIUM	Monthly	MONTHLY
\$581.57	\$523.41	\$58.16	\$498.24	\$448.42	\$49.82	\$617.18	\$523.41	\$93.77
\$1,349.23	\$809.54	\$539.69	\$1,163.78	\$698.27	\$465.51	\$1,431.85	\$809.54	\$622.31
\$1,122.42	\$673.45	\$448.97	\$967.15	\$580.29	\$386.86	\$1,191.16	\$673.45	\$517.71
\$1,727.25	\$1,036.35	\$690.90	\$1,491.79	\$895.07	\$596.72	\$1,833.01	\$1,036.35	\$796.66

Name of Bidder

Signature

Print

Date

Addendum must be signed and submitted with formal proposal.