



LAURENCE F. LEE, III

From: Whitney Johnson-Rule for Larry Lee (agent) / M. Lynn Turner (agent)

Date: July 23, 2014

Re: **True House, Inc.**
Bid Request: Health
Effective Date: 10/1

Please immediately complete and return by fax or email, the attached **“Confirmation of Receipt.”**

Please provide a Group Health quote for True House, Inc (10411 Alta Dr. Jacksonville, FL 32226). This group is in the architecture, engineering and manufacturing of trusses business. Please note: this group does not currently have health insurance benefits, but will be putting them in place due to ACA.

All necessary information is provided. Please read this request in its entirety. Should you need further information, questions or if you don't receive all materials below, please contact me immediately. If you receive this information in error, please forward to the appropriate person and contact me. Please quote the following plan design(s); please **also quote HRA, HSA plans as well as packages** you feel may deliver a better value for our client.

- Information Attached: Census
- Background
- Full-Time: 30 hours per week
- Eligibility: 1st of the month following 60 days
- Effective Date: 10/1/14
- Provide Quotes By: 7/30/14
- Commission: Flat 5%

In the interest of time and keeping *your* work to a minimum, we welcome your informal proposals via email. Also call if you wish to discuss your competitiveness on this case. If you should have any questions regarding this case, please call our office at (904) 354-8989.

PLAN ANALYSTS

1 Independent Drive, Suite 3125 • Jacksonville Beach, FL 32202 • (904) 354-8989 • FAX (904) 830-4862
• EXCELLENCE IN EMPLOYEE BENEFITS •

Confirmation of Receipt

_____ Page(s) Including this page.

To: Whitney Johnson-Rule
Email: wjohnson-rule@plananalysts.com
Co/Dept: Plan Analysts, Inc.
Re: **TRUE HOUSE, INC. Bid Request**

I. Please initial all applicable boxes below and return by email/fax **immediately.**

1. I have received the request for proposal for TRUE HOUSE, INC.
2. I intend to issue a proposal to: Plan Analysts, Inc.
 To someone other than Plan Analyst
Who: _____
3. I do **NOT** intend to issue a proposal.
Reason: _____

II. I Do / Do Not agree to keep the information contained in this package **CONFIDENTIAL**. My company will not disclose this information or TRUE HOUSE, INC. and/or its subsidiaries.

Name: _____

Signature: _____

Company: _____ Date: _____

III. This Information came to me in error.

It will **not** be forwarded. It will be destroyed.

It will be **forwarded** to the party below to respond to this RFP:

Name: _____

Phone: _____ Fax: _____

E-mail: _____ Dept: _____

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