



LAURENCE F. LEE, III

From: Whitney Johnson-Rule for Larry Lee (agent)

Date: November 13, 2014

Re: **Chinquapin Operations**
Bid Request: Health
Renewal Date: 1/1/15

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

Please provide a Group Health quote for our long time client, CHINQUAPIN OPERATIONS. They have been a leading ranch located in O’Brien, FL 32071 with approximately 9 employees in FL. The employees are house/grounds keepers only – *not hunters or trappers.*

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: 25 hours per week

Eligibility: 1st of the month following 60 days

Contribution:
Employer pays 90% of employee
Employer pays 75% of dependent

Provide Quotes By: November 19, 2014

PLAN ANALYSTS

1 Independent Drive, Suite 3125 • Jacksonville, 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: **CHINQUAPIN OPERATIONS Bid Request**

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

1. I have received the request for proposal for CHINQUAPIN OPERATIONS
2. I intend to issue a proposal to: Plan Analysts, Inc. To someone other than Plan Analysts

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 CHINQUAPIN OPERATIONS 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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