



From: Catherine Smith for M. Lynn Turner (agent)

Date: February 16, 2015

Re: **Debbie's Accounting Service**
Bid Request: Medical
Renewal Date: 4/1/15

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, Debbie's Accounting Service. Debbie's provides full accounting and tax preparation services and have been serving Jacksonville for over 30 years. Business address is: 3575 Southside Blvd., Jacksonville, FL 32216

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.

| | |
|--------------------------------|--|
| - <u>Information Attached:</u> | Census Benefit Summary(s) – PDF format |
| - <u>Background</u> | |
| Full-Time: | 25 hours per week |
| Eligibility: | 1 st of the month following 60 days |
| Contribution: | |
| Employer pays | 100% of employee |
| Employer pays | 0% of dependent |

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PLAN ANALYSTS

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

CURRENT BENEFITS:

Refer to enclosed benefit summaries

CURRENT/ RENEWAL RATES:

| <u>PPO Plan</u> | <u>CURRENT</u> | <u>RENEWAL</u> |
|-----------------|----------------|----------------|
| EE | \$540.04 | \$606.14 |
| ES | \$1,285.30 | \$1,442.63 |
| EC | \$1,015.28 | \$1,139.56 |
| EF | \$1,714.64 | \$1,924.50 |

Renewal Date: April 1, 2015

Provide Quotes By: 2/25/15

Commission: Standard

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 Catherine Smith at (904) 354-8989, extension 333.

PLAN ANALYSTS

Confirmation of Receipt

_____ Page(s) Including this page.

To: Catherine Smith
Email: csmith@plananalysts.com
Co/Dept: Plan Analysts, Inc.
Re: **Debbie's Accounting Services Bid Request**

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

1. I have received the request for proposal for Debbie's Accounting Services
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 Debbie's Accounting Services 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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