



October 3, 2016

ADDENDUM No. 3

**Request for Proposal CS-16-11
Volunteer Fire Fighter Accident, Sickness and Critical Illness Insurance**

*The addendum is being issued prior to the closing of the request for proposal to provide further information, make changes to, or to clarify the Contract Documents and is to be read, interpreted and coordinated with all other parts of the Contract Documents. In the case of a conflict with the balance of the documents, this Addendum shall govern. **Bidders shall attach a signed copy of this addendum to their Proposal.** This addendum shall form part of the Contract Documents.*

Please be advised that **APPENDIX B – SCHEDULE OF PRICES** has been deleted in its entirety and replaced with the attached REVISED APPENDIX B. **Please ensure that your proposal includes the REVISED APPENDIX B.**

We have also had a request to provide the following information:

- 3 year claim history for On Duty and Off Duty Coverage: currently at 50% loss ratio; and
- 5 year claim history for Critical Illness: please note that the Regional District has only had Critical Illness coverage for one year so it is not possible to provide statistics for the past 5 years. At this time Critical Illness is running at 72% loss ratio.

Proposals must be sent to:

General Manager of Financial Services
Regional District of Fraser-Fort George
3rd Floor, 155 George Street
Prince George BC V2L 1P8

Questions relating to RFP CS-16-08 must be directed to:

Donna Munt, General Manager of Community Services
Regional District of Fraser-Fort George
155 George Street
Prince George BC V2L 1P8
Telephone: 250-960-4400 / 1-800-667-1959
Email: dmunt@rdffg.bc.ca



REVISED APPENDIX B – SCHEDULE OF PRICES

The total price submitted below reflects the full cost, including taxes, in Canadian dollars for the Fire Fighter Insurance as specified in RFP CS-16-11. This Schedule of Prices must be completed, signed and accompany the proposal submitted.

Fiscal Year	2017	2018	2019	2020	2021
On Duty Premium	\$	\$	\$	\$	\$
Taxes					
Total:	\$	\$	\$	\$	\$
Please show the rates below on a per person basis for each year 2017-2021.					
Off Duty Member Only Premium					
Off Duty Member & Family Premium					

Proponents should ensure that all requirements of this RFP are dealt with in their proposal and that all materials and products proposed comply with the specifications therein.

GST Tax Registration Number: _____

PST Tax Registration Number: _____

WorkSafeBC Registration Number: _____

Delivery Date: _____

Authorized Signatory Signature

Name of Proponent

Name (Please print)

Address

Title

City, Province, Postal Code

Phone Number

Fax Number

Email

Date