

	<b>State of South Carolina</b> <b>South Carolina Public Employee Benefit Authority</b> <b>Request For Proposal Amendment 2</b>	Solicitation Number: PEBA0262019 Date Issued: 11/13/2019 Procurement Officer: Georgia Gillens, CPPO, CPPB Phone: 803.734.0010 Email Address: <a href="mailto:GGillens@peba.sc.gov">GGillens@peba.sc.gov</a>

DESCRIPTION: **Basic and Supplemental Long Term Disability Insurance**

SUBMIT OFFER BY (Opening Date/Time): **12/03/2019 11:00 AM.**

*The Term "Offer" Means Your "Proposal". Your offer must be submitted in a sealed package. The Solicitation Number & Opening Date should appear on the package exterior. See the clause entitled "Submitting Your Offer or Modification."*

SUBMIT YOUR SEALED OFFER TO EITHER OF THE FOLLOWING ADDRESSES:

<b>MAILING ADDRESS:</b> South Carolina Public Employee Benefit Authority P.O. Box 11960 Columbia, S.C. 29211-1960 Attention: Georgia Gillens, CPPO, CPPB	<b>PHYSICAL ADDRESS:</b> South Carolina Public Employee Benefit Authority 202 Arbor Lake Drive Columbia, S.C. 29223 Attention: Georgia Gillens, CPPO, CPPB
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<b>AWARD &amp; AMENDMENTS</b>	Award will be posted on <b>12/19/2019</b> . The award, this solicitation, any amendments, and any related notices will be posted at the following web address: <a href="https://procurement.sc.gov/vendor/contract-oppo/other-solicitations/peba">https://procurement.sc.gov/vendor/contract-oppo/other-solicitations/peba</a>
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You must submit a signed copy of this form with Your Offer. By submitting a proposal, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of one hundred twenty (120) calendar days after the Opening Date. (See the clause entitled "Signing Your Offer.")

<b>NAME OF OFFEROR</b>  <small>(Full legal name of business submitting the offer)</small>		Any award issued will be issued to, and the contract will be formed with, the entity identified as the Offeror. The entity named as the offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity, i.e., a separate corporation, partnership, sole proprietorship, etc.
<b>AUTHORIZED SIGNATURE</b>  <small>(Person must be authorized to submit binding offer to contract on behalf of Offeror.)</small>		
<b>TITLE</b>  <small>(Business title of person signing above)</small>		<b>STATE VENDOR NO.</b>  <small>(Register to obtain S.C. Vendor No. at <a href="http://www.procurement.sc.gov">www.procurement.sc.gov</a>)</small>
<b>PRINTED NAME</b>  <small>(Printed name of person signing above)</small>	<b>DATE SIGNED</b>	<b>STATE OF INCORPORATION</b>  <small>(If you are a corporation, identify the state of incorporation.)</small>

<b>OFFEROR'S TYPE OF ENTITY: (Check one)</b> <span style="float: right;"><small>(See "Signing Your Offer" provision.)</small></span>		
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other _____
<input type="checkbox"/> Corporate entity (not tax-exempt)	<input type="checkbox"/> Corporation (tax-exempt)	<input type="checkbox"/> Government entity (federal, state, or local)

**PAGE TWO**  
**(Return Page Two with Your Offer)**

<b>HOME OFFICE ADDRESS</b> (Address for offeror's home office / principal place of business)	<b>NOTICE ADDRESS</b> (Address to which all procurement and contract related notices should be sent.)
	<hr/> Area Code - Number - Extension                      Facsimile
	<hr/> Email Address

<b>PAYMENT ADDRESS</b> (Address to which payments will be sent.)	<b>ORDER ADDRESS</b> (Address to which purchase orders will be sent)
<input type="checkbox"/> Payment Address same as Home Office Address <input type="checkbox"/> Payment Address same as Notice Address <b>(check only one)</b>	<input type="checkbox"/> Order Address same as Home Office Address <input type="checkbox"/> Order Address same as Notice Address <b>(check only one)</b>

**ACKNOWLEDGMENT OF AMENDMENTS**  
 Offerors acknowledges receipt of amendments by indicating amendment number and its date of issue. (See the clause entitled "Amendments to Solicitation")

Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date

<b>DISCOUNT FOR PROMPT PAYMENT</b> (See the clause entitled "Discount for Prompt Payment")	10 Calendar Days (%)	20 Calendar Days (%)	30 Calendar Days (%)	____ Calendar Days (%)
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IMPORTANT NOTICE  
AMENDMENT #3  
REQUEST FOR PROPOSAL – PEBA0262019

The purpose of this amendment is to update the Schedule of Key Dates and to answer follow up questions submitted in response to Amendment 1, Attachment 8. See Attachment 9 for follow-up Questions and Answers.

REQUEST FOR PROPOSAL (RFP)  
SOLICITATION NUMBER PEBA0262019

**BASIC AND SUPPLEMENTAL LONG TERM DISABILITY INSURANCE**

**SCHEDULE OF KEY DATES IN THE PROPOSAL PROCESS**  
All dates subject to change

1. Distribution of the Request for Proposal (RFP)	09/26/2019
2. Initial Deadline for Submission of Questions	10/07/2019
3. Pre-Proposal Conference (10:30 a.m.)	10/15/2019
4. State's Written Responses to Questions Questions/Amendment Issued	10/31/2019
5. Deadline for Questions on Amendment 1 (9:00 a.m.)	11/06/2019
6. Submission and Opening of Proposals (11:00 a.m.)	11/22/2019
7. Intent to Award Posting Date	12/19/2019
8. Intent to Award Becomes Official	01/02/2020
9. Contract Performance Date	09/01/2020

**The deadline for submission of all questions has passed.**

**All other terms and conditions remain unchanged.**