

	<p align="center"><b>State of South Carolina South Carolina Public Employee Benefit Authority</b></p> <p align="center"><b>Request For Proposal Amendment 1</b></p>	<p>Solicitation Number: PEBA0422024 Date Issued: 10/03/2024 Procurement Officer: Georgia Gillens, CPPO, CPPB, NIGP-CPP Phone: 803.734.0010 Email Address: ggillens@peba.sc.gov</p>	
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DESCRIPTION: **Third Party Administration of the State Flexible Benefits Plan**

SUBMIT OFFER BY (Opening Date/Time): **11/19/2024 3:00 PM**

*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:

<p>MAILING ADDRESS: S.C. Public Employee Benefit Authority P.O. Box 11960 Columbia, SC 29211-1960 Attention: Georgia Gillens</p>	<p>PHYSICAL ADDRESS: S.C. Public Employee Benefit Authority 202 Arbor Lake Drive Columbia, SC 29223 Attention: Georgia Gillens</p>
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<p align="center"><b>AWARD &amp; AMENDMENTS</b></p>	<p>Award will be posted on <b>12/17/2024</b>. The award, this solicitation, any amendments, and any related notices will be posted at the following web address: <a href="http://www.procurement.sc.gov/doing-biz/bid-ops/peba">www.procurement.sc.gov/doing-biz/bid-ops/peba</a>.</p>
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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."

<p>NAME OF OFFEROR</p> <p>(Full legal name of business submitting the offer)</p>	<p>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.).</p>	
<p>AUTHORIZED SIGNATURE</p> <p>(Person must be authorized to submit binding offer to contract on behalf of Offeror.)</p>		
<p>TITLE</p> <p>(Business title of person signing above)</p>	<p>STATE VENDOR NO.</p> <p>(Register to obtain S.C. Vendor No. at <a href="http://www.procurement.sc.gov">www.procurement.sc.gov</a>)</p>	
<p>PRINTED NAME</p> <p>(Printed name of person signing above)</p>	<p>DATE SIGNED</p>	<p>STATE OF INCORPORATION</p> <p>(If you are a corporation, identify the state of incorporation.)</p>

OFFEROR'S TYPE OF ENTITY: (Check one) (See "Signing Your Offer" provision)

Sole Proprietorship  Partnership  Other \_\_\_\_\_

Corporate entity (not tax-exempt)  Corporation (tax-exempt)  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
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<b>PAYMENT ADDRESS</b> (Address to which payments 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> )	<b>ORDER ADDRESS</b> (Address to which purchase orders will be sent)   <input type="checkbox"/> Order Address same as Home Office Address <input type="checkbox"/> Order Address same as Notice Address ( <b>check only one</b> )
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<b>ACKNOWLEDGMENT OF AMENDMENTS</b> 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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**REQUEST FOR PROPOSAL – PEBA0422024**  
**Third Party Administration of the State Flexible Benefits Plan**

**PLEASE NOTE:** The original Request for Proposal document stands as written with the exception of clarifying the day of the pre-proposal meeting. The date of the meeting is listed as October 9, 2024, in the Schedule of Key Dates, however, Page 14, Clause 1.34 Pre-Proposal Conference/Submission of Questions incorrectly lists the day of the pre-proposal conference as **Tuesday**, October 9, 2024 . Amendment 1 is being issued to correct this discrepancy.

**Page 14, replace paragraph 1 of Clause 1.34, PRE-PROPOSAL CONFERENCE/SUBMISSION OF QUESTIONS with the following:**

**1.34 PRE-PROPOSAL CONFERENCE/SUBMISSION OF QUESTIONS:** There will be a Pre-Proposal Conference at **10 a.m. ET on Wednesday, October 9, 2024**, at the South Carolina Public Employee Benefit Authority, 202 Arbor Lake Drive, Board Room, Columbia, South Carolina.

**All other terms and conditions remain as written.**