



STATE OF OHIO
DEPARTMENT OF ADMINISTRATIVE SERVICES
GENERAL SERVICES DIVISION
OFFICE OF PROCUREMENT SERVICES
4200 SURFACE ROAD, COLUMBUS, OH 43228-1395

REQUIREMENTS CONTRACT: HEALTH CARE (HCSA) AND DEPENDENT CARE (DCSA) FLEXIBLE SPENDING ACCOUNT ADMINISTRATION FOR STATE OF OHIO EMPLOYEES

CONTRACT NUMBER: CSP903710

EFFECTIVE DATES: 11/19/09 TO 12/31/12

The Department of Administrative Services has accepted Proposals submitted in response to Request for Proposal (RFP) No. CSP903710 that opened on 09/23/09. The evaluation of the Proposal responses has been completed. The Offeror listed herein has been determined to be the highest ranking Offeror and has been awarded a Contract for the services listed. The respective Proposal response including, Contract Terms & Conditions, any Proposal amendment, special Contract Terms & Conditions, specifications, pricing schedules and any attachments incorporated by reference and accepted by DAS become a part of this Services Contract.

The agency listed herein is eligible to make purchases of the contracted services in any amount and at any time as determined by the agency. The State makes no representation or guarantee that department will purchase the volume of services as advertised in the Request for Proposal.

This Requirements Contract is effective beginning and ending on the dates noted above unless, prior to the expiration date, the Contract is renewed, terminated, or cancelled in accordance with the Contract Terms and Conditions.

This Requirements Contract is available to the Department of Administrative Services, Benefits Administration Services, as applicable.

Questions regarding this and/or the Services Contract may be directed to:

Carol Clingman, CPPB
carol.clingman@das.state.oh.us

This Requirements Contract and any Amendments thereto are available from the DAS Web site at the following address:



<http://www.ohio.gov/procure>

COST SUMMARY

UNSPSC CATEGORY CODE: 84131600

ITEM NUMBER: 16946

ADMINISTRATIVE FEE	MONTHLY FEE PER PARTICIPANT
Administrative Fee For:	
1-1,999 Participants	\$4.85
2,000-2,999 Participants	\$4.80
3,000-3,999 Participants	\$4.75
4,000-4,999 Participants	\$4.70
5,000-5,999 Participants	\$4.65
6,000-6,999 Participants	\$4.60
7,000-7,999 Participants	\$4.55
8,000-8,999 Participants	\$4.50
9,000-9,999 Participants	\$4.45
10,000 or more Participants	\$4.40

Invoices are to be submitted monthly, in arrears, for deliverables completed.

CONTRACTOR INDEX

CONTRACTOR AND TERMS:

HR00001150
Fringe Benefits Management Company
3101 Sessions Rd.
Tallahassee, FL 32303

BID CONTRACT NO.: CSP903710-1

TERMS: Net 30 Days

CONTRACTOR'S CONTACT:

April Sheffield, CFC, Account Manager

Telephone: (800) 872-0345, Ext. 2180
Blackberry: (850) 491-1285
Fax: (850) 425-6220
Email: asheffield@fbmc.com