

REQUEST FOR PROPOSALS

ADDENDUM # 1

ISSUED: 08/09/13

**RFP NUMBER: CSP904314
INDEX NUMBER: DAS062**

The State of Ohio, through the Department of Administrative Services, Office of Procurement Services, for the Department of Administrative Services (DAS), Benefits Administration Services (BAS), is requesting proposals for:

FULLY INSURED EXEMPT EMPLOYEE BASIC GROUP LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE AND GROUP VOLUNTARY SUPPLEMENTAL LIFE INSURANCE

Attached is page 61 to this Request for Proposal (RFP). Remove the corresponding page from the existing RFP and replace with the attached.

Reason for Addendum. This addendum is issued to advise of corrected Employee Smoker Coverages and Employee Non Smoker Total.

**PROPOSAL DUE DATE:
OPENING LOCATION:**

**August 21, 2013
Department of Administrative Services
General Services Bid Desk
4200 Surface Road
Columbus, Ohio 43228-1395**

**ATTACHMENT TEN
COST SUMMARY
FORM B - VOLUNTARY SUPPLEMENTAL LIFE INSURANCE**

Employee Supplemental Life Maximum \$600,000
Spouse Supplemental Life Maximum \$40,000
Children Maximum \$7,000

VOLUNTARY SUPPLEMENT LIFE INSURANCE

CHILDREN SUPPLEMENTAL LIFE NUMBER	Cost Per \$10,000 Coverage Per Month
2,350	\$

Age	EMPLOYEE SMOKER			EMPLOYEE NON-SMOKER		
	Number	Current \$ Amount of Coverage	Cost per \$10,000 Coverage per Month	Number	Current \$ Amount of Coverage	Cost per \$10,000 Coverage per Month
0 -18			\$			\$
18 -19			\$			\$
20 - 24			\$	7	\$210,000	\$
25 - 29	3	\$160,000	\$	40	\$3,860,000	\$
30- 34	19	\$2,070,000	\$	204	\$25,680,000	\$
35 - 39	43	\$3,810,000	\$	400	\$59,690,000	\$
40 - 44	130	\$14,870,000	\$	738	\$100,570,000	\$
45 - 49	190	\$20,610,000	\$	983	\$139,386,000	\$
50 -54	215	\$21,740,000	\$	1011	\$126,370,000	\$
55 - 59	148	\$11,170,000	\$	729	\$79,835,000	\$
60 -64	73	\$5,420,000	\$	456	\$43,535,000	\$
65 - 69	19	\$1,330,500	\$	138	\$10,683,000	\$
70 +	5	\$575,000	\$	52	\$2,601,500	\$
Totals	845	\$81,755,500		4,758	\$592,420,500	

Age	SPOUSE SMOKER			SPOUSE NON-SMOKER		
	Number	Current \$ Amount of Coverage	Cost per \$10,000 Coverage per Month	Number	Current \$ Amount of Coverage	Cost per \$10,000 Coverage per Month
0 -18			\$			\$
18 -19			\$			\$
20 - 24			\$	1	\$30,000	\$
25 - 29			\$	13	\$210,000	\$
30- 34	17	\$330,000	\$	91	\$1,650,000	\$
35 - 39	32	\$640,000	\$	207	\$3,730,000	\$
40 - 44	58	\$860,000	\$	390	\$6,460,000	\$
45 - 49	102	\$1,490,000	\$	577	\$8,720,000	\$
50 -54	114	\$1,520,000	\$	552	\$7,610,000	\$
55 - 59	81	\$940,000	\$	364	\$4,710,000	\$
60 -64	34	\$460,000	\$	203	\$2,440,000	\$
65 - 69	10	\$100,000	\$	50	\$570,000	\$
70 +	5	\$70,000	\$	19	\$280,000	\$
Totals	453	\$6,410,000		2,467	\$36,410,000	

* To advise of corrected Employee Smoker Coverages and Employee Non Smoker Total.