DATE: March 16, 2018
TO: All Prospective Bidders
FROM: Mallela Ralliford
RE: UMBC Actuarial Services
     RFP # BC-21092-R, ADDENDUM #2

The following amends the above referenced RFP documents. Receipt of this addendum must be acknowledged by completing the enclosed "Acknowledgement of Receipt of Addenda" form and submitting it along with the Technical Proposal you return to the University.

The due date and time for the Technical to be submitted to the University remain as THURSDAY, MARCH 22, 2018 by 5:00 p.m., via UMBC Box.

A. The following questions were submitted for a response:

1. QUESTION: Who is the current consultant?
   ANSWER: Optumas

2. QUESTION: How long has the incumbent consultant been performing the services?
   ANSWER: The current contract with Optumas was awarded in 2015. Optumas was awarded the previous contract in 2010.

3. QUESTION: Why are these services listed in the RFP out to bid? Are they due to the expiration of the current contract or for other reasons?
   ANSWER: The current four (4) year contract is in its final year.

4. QUESTION: Will the incumbent consultant be eligible to bid in response to this RFP?
   ANSWER: Yes.
5. QUESTION: Are there anticipated changes to the program expected for the upcoming year?

ANSWER: The scope of work is detailed in the solicitation document.

Enclosures: Acknowledgement of Receipt of Addenda Form

END OF ADDENDUM #2, DATED 3/16/18
(sent via email)
BID NO.: BC-21092-R

BID DUE DATE: THURSDAY, MARCH 22, 2018 AT 5:00 P.M. EST.

BID FOR: UMBC ACTUARUAL SERVICES

NAME OF BIDDER: ___________________________________________

ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA

The undersigned, hereby acknowledges the receipt of the following addenda:

Addendum No. 1 dated 3/14/18
Addendum No. 2 dated 3/16/18
Addendum No. ___ dated _________
Addendum No. ___ dated _________
Addendum No. ___ dated _________

As stated in this Addendum, this form is to be returned with your Price Proposal.

________________________________________
Signature

________________________________________
Printed Name

________________________________________
Title

________________________________________
Date

END OF FORM