



**STATE OF MISSISSIPPI
MS DEPT OF INSURANCE
Request for Proposal**

RESPONSES REQUIRED BY:

Submission Date : 04/19/2016
Submission Time : 16:00:00 CST

RESPONSES OPENED ON:

Opening Date : 04/20/2016
Opening Time : 00:00:00 CST

**VENDOR NO:
VENDOR NAME & ADDRESS:**

(To be completed by Vendor)

SUBMIT NON-ELECTRONIC RESPONSE:

TO :
501 NORTH WEST STREET
SUITE 1001
JACKSON MS 39201
US

DELIVERY POINT

RFx number : 3120000691
Smart number : 1501-16-R-RFPR-00003
Buyer : WF-BATCH
Buyer Phone :
Email : no-reply@dfa.ms.gov

QUESTIONS TO BE COMPLETED BY VENDOR	REQUIRED
Did you complete the proposal following the guidelines in Part 2 Proposal of Respondent?	
Do you agree to the contractual provisions listed in Part 3 Required Contractual Provisions?	
Did you follow submission standards listed in Part 4?	

NOTICE TO VENDOR:

The purpose of this Request for Qualification is to purchase Professional Actuarial Services for Rate Review Services under the Patient Protection and Affordable Care Act July 1, 2016 – June 30, 2017.

Vendor Telephone Number	Title	Date
(Typed or printed) Name of Bidder	Signature of Authorized Bidder	

RFx number : 3120000691 **Submission Date** : 04/19/2016 **Time** : 16:00:00 CST
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Item	Change Indicator	Product No. / Mfg. Part No.	Description	Delivery / Req.date	Qty	Unit
# 1			Product Category : 94612 Professional Actuarial Services for Rate Review Services under the Patient Protection and Affordable Care Act July 1, 2016 – June 30, 2017		1	AU