Contra Costa Community College District Bid No. 4CD-68
International Student Health Insurance Provider Bid

ADDENDUM NO. 3

Your attention is called to the fact that the following have changed:

1. Q&A #10 – The answer is changed to: The students will pay the college and the college will pay the carrier.
2. 3rd Revision of Appendix A attached.

Point of information: Ben Cayabyab will be out of the office beginning March 29-April 16, 2018. Rod Herrera will be the contact person during his absence.

RHerrera@4cd.edu
925.229.6957

All other facts and specifications to this bid remain unchanged. **Be sure to acknowledge receipt of this addendum in Appendix A.**

__________________________
Ben Cayabyab
Senior Buyer
Company Name: ________________________________________________________________

Business Address:________________________________________________________________

Telephone: ___________________________________ Fax: ____________________________
Email: ______________________________ Website: ________________________________

<table>
<thead>
<tr>
<th>Term</th>
<th>Dates</th>
<th>Student Rate</th>
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<td>Fall</td>
<td>07/16/2018 – 01/15/2019</td>
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<tr>
<td>Spring</td>
<td>01/16/2019 – 07/15/2019</td>
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<td>Fall</td>
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<td>Spring</td>
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<tr>
<td>Spring</td>
<td>01/16/2021 – 07/15/2021</td>
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Provide the name of the underwriter for this proposed policy and their AM Best rating:
_________________________________________________________

List all addendum/addenda:_____________________________________

Name and title of person responsible for submission of this proposal and the responses to this questionnaire:
Signature: ___________________________ Date: _______________________   

Printed Name; Title: ________________________________________________

Phone: ___________________________ Email: ___________________________