

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE PAGE OF PAGES
 1 3

2. AMENDMENT/MODIFICATION NO. 0001	3. EFFECTIVE DATE 09/17/2008	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
6. ISSUED BY U.S. Department of the Treasury Office of Thrift Supervision 1700 G Street, NW, 2/G3 Washington, DC 20552		7. ADMINISTERED BY (If other than Item 6)	

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) To All Interested Parties	<input checked="" type="checkbox"/> (X)	9A. AMENDMENT OF SOLICITATION TOTS08C0108
	<input checked="" type="checkbox"/>	9B. DATED (SEE ITEM 11) August 29, 2008
	<input type="checkbox"/>	10A. MODIFICATION OF CONTRACT/ORDER NO.
	<input type="checkbox"/>	10B. DATED (SEE ITEM 11)

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of offers
 Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: Is extended, Is not extended.

(a) By completing items 8 and 15, and returning 1 copy of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted;

or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (IF REQUIRED)

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

<input type="checkbox"/>	A. THIS CHANGEORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A
<input type="checkbox"/>	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, Appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
<input type="checkbox"/>	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
<input type="checkbox"/>	D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor is not, is required to sign this document and return (See Box 11) 1 copy to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

The referenced solicitation is hereby amended to answer questions the Government received regarding the above referenced solicitation:

Question 1: Can you please provide some insight as to why the coverage is out to bid? Are there service issues or contractual deficiencies that you are trying to eliminate through this marketing?

Answer: The current contract will expire in December 2008.

Question 2: Please provide a copy of Prudential's LTD policy with OTS.

Answer: The summary plan description is included in the Request for Quotation.

Continued....
 Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)	
15B. CONTRACTOR/OFFEROR	15c. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
_____ (Signature of person authorized to sign)		_____ (Signature of Contracting Officer)	

Question 3: How long has coverage been in place with Prudential?

Answer: Prudential has provided the Office of Thrift Supervision with for eight years.

Question 4: Please provide the census in Microsoft Excel format and include Date of Hire and home Zip Codes or State of Residence if possible.

Answer: See Attachment E.

Question 5: Please provide the following rate information:

- Inforce LTD rate. The rate is \$.283/\$100 of covered payroll.
- Renewal LTD rate if available. This is not applicable because the contract is expiring.
- Rate History for the past 5 years. For the last 4 years, the rate has been \$.283/\$100 of covered payroll.

Question 6: Please provide a listing of any plan changes that were made in the past 5 years.

Answer: No plan changes have been made in the last 5 years.

Question 7: Page 4 of the RFP Item 1 (b.) states that all quotes should be made on an experience rated funding basis. Please provide additional clarification on this item. Is the current plan set up to provide premium refund to OTS if premium exceeds claims?

Answer: The current plan set up does not provide premium refund to OTS if the premium exceeds the claims.

Question 8: Please provide the following LTD claims experience information:

- Paid Claims for past 5 years
- Paid Premiums for past 5 years
- Amended Open claims since inception of the policy. This should include all Open and Closed claims with gender, date of birth, date of disability, gross benefit amount, net benefit amount, prognosis, diagnosis and reserve amount for all claims.

Answer: See Attachment D.

Question 9: In reading the RFP, I saw that the rates are to not include commissions. Are we to include a separate broker fee for our services? If so, are there guidelines for such fees?

Answer: OTS does not want a broker to service this contract.

Question 10: Are the last 5 years of premium and claim experience available? We would like to see the following components if available: a) Annual premium b) Average monthly volume c) Average monthly lives d) Monthly rates e) Claims paid f) Claim count g) Paid and incurred analysis i) In the event a paid and incurred Analysis is unavailable, an open and closed claim detail listing for the past five policy years would substitute. The listing should include the following fields:

- (1) Date of disability
- (2) Benefit start date

- (3) Termination date
- (4) Age at disability
- (5) Monthly gross benefit
- (6) Monthly net benefit
- (7) Accumulated benefits paid
- (8) Social security approval (yes or no)
- (9) Diagnosis code
- (10) Gender

- (11) Status (active or terminated)

Answer: See Attachment D.

Question 11: Were there any plan changes over the past five years? If yes, please explain.

Answer: See answer to Question 6.

Question 12: Were there any changes in rates due to plan changes in the last 5 years? If yes, what was the new rate and when was it effective?

Answer: There were no rate changes due to plan changes in the last five years.

Question 13: Will alternative plan design suggestions other than the requested increase to the maximum benefit to \$10,000 be considered?

Answer: Yes, alternative plan designs will be considered.

Question 14: How many hard copies of our proposal do you require? 2) How many electronic copies?

Answer: Offerors shall submit five hard copies and one electronic copy.

Question 15: Please provide position titles.

Answer: See Attachment F.