**APPENDIX A – FORMS (Revised)**

MINIMUM QUALIFICATION INFORMATION

GENERAL

The minimum qualifications shall be submitted in the format attached. The report shall be presented in the order described below. In order to be considered a qualified supplier by JEA you must meet all the criteria listed and be able to provide all the services listed in this specification. The supplier must complete one (1) original and three (3) duplicate (copy) of the following information and any other information or attachments.

TITLE: Request for qualifications for one (1) Vision Insurance Plan Insurance to offer visions plans for the employees and retirees of the JEA.

|  |  |
| --- | --- |
| **PROPOSER INFORMATION** | |
| **COMPANY NAME:** |  |
| **BUSINESS ADDRESS:** |  |
| **CITY, STATE, ZIP CODE:** |  |
| **TELEPHONE:** |  |
| **FAX:** |  |
| **E-MAIL:** |  |

**SIMILAR CONTRACT CLIENTS**

Bidder must have successfully completed three (3) similar contracts in the last five (5) years ending December 31, 2016. A similar contract is defined as providing Vision services for employers with at least 1500 employees.

|  |  |
| --- | --- |
| **ONE** | |
| **PRIMARY NATURE OF SERVICE PROVIDED** |  |
| **COMPANY NAME** |  |
| **ADDRESS** |  |
| **CONTACT PERSON** |  |
| **PHONE NUMBER** |  |
| **EMAIL ADDRESS** |  |
| **ANNUAL COST** |  |
| **NUMBER OF EMPLOYEES** |  |
| **DESCRIPTION OF PROJECT** |  |

|  |  |
| --- | --- |
| **TWO** | |
| **PRIMARY NATURE OF SERVICE PROVIDED** |  |
| **COMPANY NAME** |  |
| **ADDRESS** |  |
| **CONTACT PERSON** |  |
| **PHONE NUMBER** |  |
| **EMAIL ADDRESS** |  |
| **ANNUAL COST** |  |
| **NUMBER OF EMPLOYEES** |  |
| **DESCRIPTION OF PROJECT** |  |

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| --- | --- |
| **THREE** | |
| **PRIMARY NATURE OF SERVICE PROVIDED** |  |
| **COMPANY NAME** |  |
| **ADDRESS** |  |
| **CONTACT PERSON** |  |
| **PHONE NUMBER** |  |
| **EMAIL ADDRESS** |  |
| **ANNUAL COST** |  |
| **NUMBER OF EMPLOYEES** |  |
| **DESCRIPTION OF PROJECT** |  |