



B R O W N S V I L L E  
**PUBLIC UTILITIES BOARD**

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Date: January 29, 2024  
To: All Vendors  
Subject: Addendum #1

**REFERENCE: P026-24 Group Health Dental and Employee Benefits Insurance Consulting Services**

This Addendum forms part of the contract and clarifies, corrects or modifies original RFP document.

**NEW OPENING DATE & TIME: February 29, 2024 at 10:30 AM**

**Submission date and time remains the same.**

The signature of the company agent, for the acknowledgement of this addendum, shall be required. **Complete information below and return via e-mail to: [dsolitaire@brownsville-pub.com](mailto:dsolitaire@brownsville-pub.com).**

I hereby acknowledge receipt of this addendum.

**Company:** \_\_\_\_\_

**Agent Name:** \_\_\_\_\_

**Agent Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

If you have any further questions about the RFP, call 956-983-6366.

BY: *Diane Solitaire*  
Purchasing