|  |  |  |
| --- | --- | --- |
| Oklahoma Pinwheel Logo |  | Amendment of Solicitation |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Issuance:** | May 6, 2021 |  **Solicitation No.** | 0900000490 |
|  **Requisition No.** | 0900015031 |  **Amendment No.** | 2 |
| Hour and date specified for receipt of offers is changed: | [x]  No  | [ ]  Yes, to: |  |       |       | CST |
| Pursuant to OAC 260:115-7-30(d), this document shall serve as official notice of amendment to the solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent. Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:(1) Sign and return a copy of this amendment with the solicitation response being submitted; or,(2) If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date in the subject line of the email. |
|  **ISSUED FROM:**  |
|  | Stephanie Beshears |  | 405-517-6769 |  | Stephanie.Beshears@omes.ok.gov  |
|  | Contracting Officer |  | Phone Number |  | E-Mail Address |
|  |  |  |
|  |  |  |
|  |  |  |
| **Description of Amendment:** |
| a. This is to incorporate the following: |
| **Solicitation #0900000490 is being amended to omit subsection 8.1.E.ii. from the Bidder Instructions:** **8.1.E**. As referenced in subsection 8.2.H, the Bidders must act as a trustee/custodian of Health Savings Accounts (HSA) according to Section 223(d)(1)(B) of the Internal Revenue Code of 1986, as amended (the "Code"), in order to respond with a proposal to offer HSA administrative trust services to participants in the HealthChoice qualified High Deductible Health Plan (HDHP) as defined in Section 223(c)(2) of the Code.How does the Bidder meet this requirement?~~Verify that Bidder will act as trustee and not as a custodian.~~ |
|  |

|  |
| --- |
| b. All other terms and conditions remain unchanged. |
|       |  |       |
| Supplier Company Name (**PRINT**) |  | Date |
|       |  |       |  |  |
| Authorized Representative Name (**PRINT**) |  | Title |  | Authorized Representative Signature |