



The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at ***WVPurchasing.gov*** with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header 5

List View

General Information

Contact

Default Values

Discount

Document Information

Clarification Request

Procurement Folder: 1425853

Procurement Type: Central Master Agreement

Vendor ID: VS0000011858

Legal Name: NATIONAL DATA SERVICES OF CHICAGO INC

Alias/DBA:

Total Bid: \$0.00

Response Date: 06/07/2024

Response Time: 18:39

Responded By User ID: dinobcs

First Name: David

Last Name: Moore

Email: dave.moore@osgconnect.

Phone: 6145650022

SO Doc Code: CRFQ

SO Dept: 0225

SO Doc ID: PEI2400000001

Published Date: 5/31/24

Close Date: 6/10/24

Close Time: 13:30

Status: Closed

Solicitation Description: PRINTING/MAILING SERVICES

Total of Header Attachments: 5

Total of All Attachments: 5



Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Solicitation Response

Proc Folder: 1425853
Solicitation Description: PRINTING/MAILING SERVICES
Proc Type: Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2024-06-10 13:30	SR 0225 ESR06072400000007634	1

VENDOR
VS0000011858
NATIONAL DATA SERVICES OF CHICAGO INC

Solicitation Number: CRFQ 0225 PEI2400000001
Total Bid: 0
Response Date: 2024-06-07
Response Time: 18:39:02
Comments:

FOR INFORMATION CONTACT THE BUYER
Melissa Pettrey
(304) 558-0094
melissa.k.pettrey@wv.gov

Vendor Signature X	FEIN#	DATE
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All offers subject to all terms and conditions contained in this solicitation

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	BENEFIT BOOKS - BASIC VDP	0.00000	EA	417764.500000	0.00

Comm Code	Manufacturer	Specification	Model #
82121506			

Commodity Line Comments: Unit price above is total price for Specifications 3.1.2.1, 3.1.2.2, 3.1.2.3, 3.1.2.4,3.1.2.5, 3.1.2.6, 3.1.2.7, and 3.1.2.9 taken from Award Comparison Chart. All required bid information will be uploaded to WV Oasis.

Extended Description:
SPECIFICATIONS - 3.1.2.1

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	LETTERS - BASIC VDP	0.00000	EA	417764.500000	0.00

Comm Code	Manufacturer	Specification	Model #
82121506			

Commodity Line Comments: Unit price above is total price for Specifications 3.1.2.1, 3.1.2.2, 3.1.2.3, 3.1.2.4,3.1.2.5, 3.1.2.6, 3.1.2.7, and 3.1.2.9 taken from Award Comparison Chart. All required bid information will be uploaded to WV Oasis.

Extended Description:
SPECIFICATIONS - 3.1.2.2

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	LETTERS - FULL VDP	0.00000	EA	417764.500000	0.00

Comm Code	Manufacturer	Specification	Model #
82121506			

Commodity Line Comments: Unit price above is total price for Specifications 3.1.2.1, 3.1.2.2, 3.1.2.3, 3.1.2.4,3.1.2.5, 3.1.2.6, 3.1.2.7, and 3.1.2.9 taken from Award Comparison Chart. All bid required information will be uploaded to WV Oasis.

Extended Description:
SPECIFICATIONS - 3.1.2.3

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	INVOICE - FULL VDP	0.00000	EA	417764.500000	0.00

Comm Code	Manufacturer	Specification	Model #
82121506			

Commodity Line Comments: Unit price above is total price for Specifications 3.1.2.1, 3.1.2.2, 3.1.2.3, 3.1.2.4,3.1.2.5, 3.1.2.6, 3.1.2.7, and 3.1.2.9 taken from Award Comparison Chart. All required bid information will be uploaded to WV Oasis.

Extended Description:
SPECIFICATIONS - 3.1.2.4

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	NEWSLETTERS - BASIC VDP	0.00000	EA	417764.500000	0.00

Comm Code	Manufacturer	Specification	Model #
82121506			

Commodity Line Comments: Unit price above is total price for Specifications 3.1.2.1, 3.1.2.2, 3.1.2.3, 3.1.2.4,3.1.2.5, 3.1.2.6, 3.1.2.7, and 3.1.2.9 taken from Award Comparison Chart. All required bid information will be uploaded to WV Oasis.

Extended Description:
SPECIFICATIONS - 3.1.2.5

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	PREMIUM AND BENEFIT ASSISTANCE APPLICATIONS - BASIC VDP	0.00000	EA	417764.500000	0.00

Comm Code	Manufacturer	Specification	Model #
82121506			

Commodity Line Comments: Unit price above is total price for Specifications 3.1.2.1, 3.1.2.2, 3.1.2.3, 3.1.2.4,3.1.2.5, 3.1.2.6, 3.1.2.7, and 3.1.2.9 taken from Award Comparison Chart. All required bid information will be uploaded to WV Oasis.

Extended Description:
SPECIFICATIONS - 3.1.2.6

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	POSTCARDS - BASIC VDP	0.00000	EA	417764.500000	0.00

Comm Code	Manufacturer	Specification	Model #
82121506			

Commodity Line Comments: Unit price above is total price for Specifications 3.1.2.1, 3.1.2.2, 3.1.2.3, 3.1.2.4,3.1.2.5, 3.1.2.6, 3.1.2.7, and 3.1.2.9 taken from Award Comparison Chart. All required bid information will be uploaded to WV Oasis.

Extended Description:
SPECIFICATIONS - 3.1.2.7

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	ADD-ON OPTIONS	0.00000	EA	417764.500000	0.00

Comm Code	Manufacturer	Specification	Model #
82121506			

Commodity Line Comments: Unit price above is total price for Specifications 3.1.2.1, 3.1.2.2, 3.1.2.3, 3.1.2.4,3.1.2.5, 3.1.2.6, 3.1.2.7, and 3.1.2.9 taken from Award Comparison Chart. All required bid information will be uploaded to WV Oasis.

Extended Description:
SPECIFICATIONS - 3.1.2.9



Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Centralized Request for Quote
Printing

Proc Folder: 1425853			Reason for Modification: Addendum No. 1
Doc Description: PRINTING/MAILING SERVICES			
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2024-05-31	2024-06-10 13:30	CRFQ 0225 PEI2400000001	2

BID RECEIVING LOCATION

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON WV 25305
US

VENDOR

Vendor Customer Code:

Vendor Name :

Address :

Street :

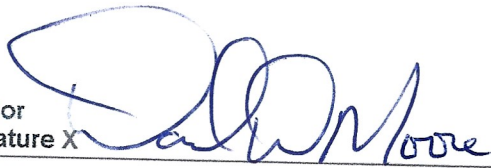
City :

State : Country : Zip :

Principal Contact :

Vendor Contact Phone: Extension:

FOR INFORMATION CONTACT THE BUYER
Melissa Pettrey
(304) 558-0094
melissa.k.pettrey@wv.gov

Vendor Signature X  FEIN# 36-3519009 DATE 6/7/2024

All offers subject to all terms and conditions contained in this solicitation

ADDITIONAL INFORMATION

Addendum No. 1 is issued to publish and distribute the attached information to the vendor community.

REQUEST FOR QUOTATION

The West Virginia Purchasing Division is soliciting bids on behalf of the West Virginia Public Employees Insurance Agency (PEIA) to establish an open-end contract for printing and mailing services per the bid requirements, specifications and terms and conditions as attached hereto.

INVOICE TO				SHIP TO			
PUBLIC EMPLOYEES INSURANCE STE 2 601 57TH ST SE CHARLESTON WV US				PUBLIC EMPLOYEES INSURANCE STE 2 601 57TH ST, SE CHARLESTON WV US			

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	BENEFIT BOOKS - BASIC VDP	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
82121506			

Extended Description:
SPECIFICATIONS - 3.1.2.1

INVOICE TO				SHIP TO			
PUBLIC EMPLOYEES INSURANCE STE 2 601 57TH ST SE CHARLESTON WV US				PUBLIC EMPLOYEES INSURANCE STE 2 601 57TH ST, SE CHARLESTON WV US			

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	LETTERS - BASIC VDP	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
82121506			

Extended Description:
SPECIFICATIONS - 3.1.2.2

INVOICE TO				SHIP TO			
PUBLIC EMPLOYEES INSURANCE STE 2 601 57TH ST SE CHARLESTON WV US				PUBLIC EMPLOYEES INSURANCE STE 2 601 57TH ST, SE CHARLESTON WV US			

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	LETTERS - FULL VDP	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
82121506			

Extended Description:
SPECIFICATIONS - 3.1.2.3

INVOICE TO				SHIP TO			
PUBLIC EMPLOYEES INSURANCE STE 2 601 57TH ST SE CHARLESTON WV US				PUBLIC EMPLOYEES INSURANCE STE 2 601 57TH ST, SE CHARLESTON WV US			

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	INVOICE - FULL VDP	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
82121506			

Extended Description:
SPECIFICATIONS - 3.1.2.4

INVOICE TO				SHIP TO			
PUBLIC EMPLOYEES INSURANCE STE 2 601 57TH ST SE CHARLESTON WV US				PUBLIC EMPLOYEES INSURANCE STE 2 601 57TH ST, SE CHARLESTON WV US			

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	NEWSLETTERS - BASIC VDP	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
82121506			

Extended Description:
SPECIFICATIONS - 3.1.2.5

INVOICE TO				SHIP TO			
PUBLIC EMPLOYEES INSURANCE STE 2 601 57TH ST SE CHARLESTON WV US				PUBLIC EMPLOYEES INSURANCE STE 2 601 57TH ST, SE CHARLESTON WV US			

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	PREMIUM AND BENEFIT ASSISTANCE APPLICATIONS - BASIC VDP	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
82121506			

Extended Description:
SPECIFICATIONS - 3.1.2.6

INVOICE TO			SHIP TO		
PUBLIC EMPLOYEES INSURANCE STE 2 601 57TH ST SE CHARLESTON US			PUBLIC EMPLOYEES INSURANCE STE 2 601 57TH ST, SE CHARLESTON US		
		WV			WV

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
7	POSTCARDS - BASIC VDP	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
82121506			

Extended Description:
SPECIFICATIONS - 3.1.2.7

INVOICE TO			SHIP TO		
PUBLIC EMPLOYEES INSURANCE STE 2 601 57TH ST SE CHARLESTON US			PUBLIC EMPLOYEES INSURANCE STE 2 601 57TH ST, SE CHARLESTON US		
		WV			WV

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
8	ADD-ON OPTIONS	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
82121506			

Extended Description:
SPECIFICATIONS - 3.1.2.9

SCHEDULE OF EVENTS

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Vendor question deadline @ 3:00 PM	2024-05-23

SOLICITATION NUMBER: PEI2400000001

Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- ☒ Modify bid opening date and time
- ☐ Modify specifications of product or service being sought
- ☒ Attachment of vendor questions and responses
- ☐ Attachment of pre-bid sign-in sheet
- ☒ Correction of error
- ☐ Other

Description of Modification to Solicitation:

1. To publish Vendor questions and Agency responses.
2. To publish a revised Exhibit A pricing page.
3. To move the bid opening date to 06/10/2024 @1:30 PM.

No other changes.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

VENDOR QUESTIONS AND ANSWERS

1. We have a question on the pricing grid on the **Benefit Books section 3.1.2.1**. The grid is first asking for (1/2), and the second grid is for (2/2). The job specifications indicate the cover and text print two colors so the 2/2 makes sense. Could you please clarify what you are looking for on the 1/2 grid? is that single color cover and two color text, or single color text and two color cover, or something entirely different?

A. This is all one grid. The (1/2) and (2/2) only indicate that it is page 1 of 2 and page 2 of 2 of the pricing grid for this specific commodity. We could not fit all of the "Quantity" groupings onto one page while still making sure it was readable, could be made into an editable format, and would remain legible after being filled out. All Benefit Books will have the same color specifications detailed in 3.1.2.1.

2. We formally request that the opening date be moved to 6/28/24. Will this be possible?

A. PEIA cannot justify extending the bid opening date to 6/28. Our current contract ends on 6/5 and we cannot afford to be without printing services for over a month between waiting for the bid opening, evaluating the bids, and finalizing the contract. We are willing to extend the solicitation open date by 1 week, to 6/10/2024.

3. Regarding **CRFQ 0225 PEI2400000001**, will the price sheet for the current contract (previous bid **CRFQ PEI1200000007**) be available for review? I did not see it posted on the WV Purchasing Division Bid Opening Index website.

A. The previous solicitation information, including pricing sheets submitted by vendors, is available here, as Bid 1 and Bid 2 under CRFQ: 0225_PEI2000000004.

<https://www.state.wv.us/admin/purchase/Bids/FY2020/BO20200414.html>

4. This is regarding to 3.1.2.2, 3.1.2.3, and 3.1.2.5. Do we have to bid all the page counts?

A. **Per 4.2 Pricing Pages**, "Vendor should complete the Pricing Grids in their entirety as failure to do so may result in Vendor's bids being disqualified". We recognize that the majority of page count/quantity combinations presented in the grid are unlikely to be utilized. However, we want to ensure that should the need arise, we are prepared to work with the vendor for printing any necessary job without needing either contract amendments or a new solicitation.

5. This is regarding 3.1.2.3. It calls for Full Variable data pruning. Will this be on every page, or just the first?

A. The necessity for full variability on each page will depend on the job. Vendor should assume, for pricing, that variability will be necessary on all pages.

6. This is regarding 3.1.2.5 **Newsletter**. Are you open to printing the four-eight pages on 11x17 signatures?

A. Yes. However, vendor bid must clearly indicate the alternative offered.

7. What post office will this mail out of in West Virginia?

A. PEIA will work with the successful vendor to set up a permit with their local post office so that items can be mailed out in their location. PEIA maintains an account with USPS that is used to fund postage incurred when the Vendor sends these items for mailing.

8. Is there any chance that the bid closing will be extended?

A. Yes, the bid opening is being extended to 6/10.

9. In the **Attachment A** spreadsheet, there are two issues that I'm seeing. For the benefit books, the line for 21-24+Cover is in twice for both tables. The other issue is that I don't believe the very first line of the "Award Comparison Chart" is calculating correctly (Letter, Basic VDP - 3 Single Sided).

A. Thank you. The duplicate line has been blacked out, and the Excel version of the grid with the calculation error has been corrected.

REQUEST FOR QUOTATION - ATTACHMENT A
Printing/Mailing
VENDOR COST PROPOSAL

INSTRUCTIONS:

Vendor should fill out the pricing grid electronically to ensure that all prices are legible

All pricing must be "per piece".

Vendor is responsible for making sure that the entire pricing grid is submitted with their proposal. Failure to include any pages will result in disqualification.

All Quantities listed are estimates only

Jobs listed represent a sample of the types of jobs PEIA might expect to order throughout a given year. This list is not to be considered comprehensive or final and is only used here as a mechanism for comparing vendor prices.

REQUEST FOR QUOTATION - ATTACHMENT A

Printing/Mailing

AWARD COMPARISON CHART

ONE-TIME JOBS				
JOB	PAGES	QUANTITY		TOTAL
LETTER, BASIC VDP	3 SINGLE SIDED	4,000		\$ 1,200.00
LETTER, FULL VDP	2 SINGLE SIDED	53,000		\$ 10,070.00
LETTER, FULL VDP	3 SINGLE SIDED	20,500		\$ 5,125.00
LETTER, FULL VDP	4 SINGLE SIDED	65,000		\$ 18,200.00
BENEFIT BOOK	25-28 + COVER	36,000		\$ 19,800.00
BENEFIT BOOK	61-64 + COVER	71,000		\$ 71,000.00
BENEFIT BOOK	65-68 + COVER	10,000		\$ 13,400.00
LETTER, FULL VDP	1 SINGLE SIDED	74,000		\$ 9,620.00
PREMIUM & BENEFIT ASSISTANCE APPLICATIONS	2 DOUBLE SIDED	6,200		\$ 1,240.00
PREMIUM & BENEFIT ASSISTANCE APPLICATIONS	2 DOUBLE SIDED	41,000		\$ 6,150.00
LETTER, FULL VDP	1 SINGLE SIDED	61,000		\$ 7,930.00
LETTER, FULL VDP	1 SINGLE SIDED	5,750		\$ 862.50
LETTER, FULL VDP	1 DOUBLE SIDED	33,500		\$ 6,700.00
LETTER, FULL VDP	1 SINGLE SIDED	1,900		\$ 551.00
LETTER, BASIC VDP	1 SINGLE SIDED	1,100		\$ 308.00
BENEFIT BOOK	113-116 + COVER	80,000		\$ 204,000.00
LETTER, FULL VDP	2 SINGLE SIDED	600		\$ 432.00
BENEFIT BOOK	105-108 + COVER	1,500		\$ 17,385.00
LETTER, FULL VDP	1 SINGLE SIDED	1,500		\$ 495.00
BENEFIT BOOK	13-16 + COVER	4,700		\$ 1,739.00
BENEFIT BOOK	17-20 + COVER	10,000		\$ 5,600.00
POSTCARD	ONE COLOR (1/1)	9,100		\$ 1,365.00
POSTCARD	FULL COLOR (4/4)	9,900		\$ 594.00
NEWSLETTERS	4 PAGES	6,200		\$ 1,674.00
MONTHLY JOBS				
JOB	PAGES	QUANTITY	PER MONTH	ANNUAL COST
INVOICES	1 SINGLE SIDED	600	\$ 252.00	\$ 3,024.00
INVOICES	1 SINGLE SIDED	3,100	\$ 775.00	\$ 9,300.00

ESTIMATED ANNUAL COST (FOR VENDOR COMPARISON PURPOSES ONLY)*

\$ 417,764.50

*ESTIMATE FOR AWARD PURPOSES ONLY - AGENCY WILL ORDER PRINTING JOBS AS NEEDED THROUGHOUT THE LIFE OF THE CONTRACT AND MAKES NO GUARANTEES REGARDING SPECIFIC JOBS, QUANTITY OF JOBS, OR JOB SIZE

REQUEST FOR QUOTATION - ATTACHMENT A
Printing/Mailing

3.1.2.1 BENEFIT BOOKS (1/2) - BASIC VDP												
PAGES	QUANTITY 1-	1,501-	2,501-	5,001-	7,501-	10,001-	15,001-	20,001-	25,001-	30,001-	35,001-	40,001-
	1,500	2,500	5,000	7,500	10,000	15,000	20,000	25,000	30,000	35,000	40,000	45,000
1-8 + COVER	\$ 1.80	\$ 1.13	\$ 0.75	\$ 0.48	\$ 0.40	\$ 0.36	\$ 0.32	\$ 0.30	\$ 0.29	\$ 0.28	\$ 0.28	\$ 0.27
9-12 + COVER	\$ 1.86	\$ 1.34	\$ 0.89	\$ 0.58	\$ 0.49	\$ 0.44	\$ 0.38	\$ 0.35	\$ 0.35	\$ 0.34	\$ 0.34	\$ 0.33
13-16 + COVER	\$ 1.92	\$ 1.55	\$ 0.93	\$ 0.62	\$ 0.52	\$ 0.48	\$ 0.43	\$ 0.41	\$ 0.39	\$ 0.38	\$ 0.37	\$ 0.37
17-20 + COVER	\$ 2.16	\$ 1.61	\$ 1.08	\$ 0.72	\$ 0.61	\$ 0.56	\$ 0.50	\$ 0.47	\$ 0.46	\$ 0.45	\$ 0.44	\$ 0.43
21-24 + COVER	\$ 2.27	\$ 1.73	\$ 1.12	\$ 0.76	\$ 0.67	\$ 0.59	\$ 0.55	\$ 0.51	\$ 0.49	\$ 0.48	\$ 0.47	\$ 0.47
ERROR REMOVED												
25-28 + COVER	\$ 2.51	\$ 2.16	\$ 1.26	\$ 0.85	\$ 0.69	\$ 0.66	\$ 0.63	\$ 0.60	\$ 0.59	\$ 0.55	\$ 0.55	\$ 0.54
29-32 + COVER	\$ 2.54	\$ 2.36	\$ 1.29	\$ 0.90	\$ 0.70	\$ 0.68	\$ 0.64	\$ 0.61	\$ 0.59	\$ 0.58	\$ 0.58	\$ 0.57
33-36 + COVER	\$ 2.75	\$ 2.54	\$ 1.39	\$ 0.97	\$ 0.76	\$ 0.74	\$ 0.69	\$ 0.66	\$ 0.65	\$ 0.61	\$ 0.60	\$ 0.59
37-40 + COVER	\$ 2.95	\$ 2.75	\$ 1.50	\$ 1.05	\$ 0.81	\$ 0.79	\$ 0.74	\$ 0.71	\$ 0.70	\$ 0.67	\$ 0.66	\$ 0.65
41-44 + COVER	\$ 3.20	\$ 2.96	\$ 1.61	\$ 1.13	\$ 0.88	\$ 0.85	\$ 0.80	\$ 0.77	\$ 0.76	\$ 0.73	\$ 0.72	\$ 0.71
45-48 + COVER	\$ 3.43	\$ 3.19	\$ 1.74	\$ 1.22	\$ 0.95	\$ 0.92	\$ 0.86	\$ 0.83	\$ 0.82	\$ 0.79	\$ 0.78	\$ 0.77
49-52 + COVER	\$ 3.70	\$ 3.43	\$ 1.87	\$ 1.31	\$ 1.02	\$ 0.99	\$ 0.93	\$ 0.89	\$ 0.88	\$ 0.85	\$ 0.84	\$ 0.83
53-56 + COVER	\$ 3.98	\$ 3.70	\$ 2.02	\$ 1.41	\$ 1.10	\$ 1.07	\$ 1.00	\$ 0.96	\$ 0.95	\$ 0.92	\$ 0.91	\$ 0.90
57-60 + COVER	\$ 4.30	\$ 3.98	\$ 2.18	\$ 1.52	\$ 1.18	\$ 1.15	\$ 1.08	\$ 1.04	\$ 1.03	\$ 1.00	\$ 0.99	\$ 0.98
61-64 + COVER	\$ 4.63	\$ 4.30	\$ 2.35	\$ 1.64	\$ 1.27	\$ 1.24	\$ 1.16	\$ 1.12	\$ 1.11	\$ 1.08	\$ 1.07	\$ 1.06
65-68 + COVER	\$ 4.99	\$ 4.63	\$ 2.53	\$ 1.77	\$ 1.37	\$ 1.34	\$ 1.25	\$ 1.20	\$ 1.19	\$ 1.16	\$ 1.15	\$ 1.14
69-72 + COVER	\$ 5.38	\$ 4.99	\$ 2.72	\$ 1.91	\$ 1.48	\$ 1.44	\$ 1.35	\$ 1.29	\$ 1.28	\$ 1.25	\$ 1.24	\$ 1.23
73-76 + COVER	\$ 5.80	\$ 5.38	\$ 2.93	\$ 2.05	\$ 1.59	\$ 1.55	\$ 1.45	\$ 1.40	\$ 1.39	\$ 1.36	\$ 1.35	\$ 1.34
77-80 + COVER	\$ 6.24	\$ 5.80	\$ 3.16	\$ 2.21	\$ 1.72	\$ 1.67	\$ 1.56	\$ 1.51	\$ 1.49	\$ 1.46	\$ 1.45	\$ 1.44
81-84 + COVER	\$ 6.73	\$ 6.24	\$ 3.41	\$ 2.39	\$ 1.85	\$ 1.80	\$ 1.68	\$ 1.62	\$ 1.61	\$ 1.58	\$ 1.57	\$ 1.56
85-88 + COVER	\$ 7.25	\$ 6.73	\$ 3.67	\$ 2.57	\$ 1.99	\$ 1.94	\$ 1.82	\$ 1.75	\$ 1.74	\$ 1.71	\$ 1.70	\$ 1.69
89-92 + COVER	\$ 7.81	\$ 7.26	\$ 3.96	\$ 2.77	\$ 2.15	\$ 2.09	\$ 1.96	\$ 1.88	\$ 1.87	\$ 1.84	\$ 1.83	\$ 1.82
93-96 + COVER	\$ 8.41	\$ 7.81	\$ 4.26	\$ 2.99	\$ 2.32	\$ 2.25	\$ 2.11	\$ 2.02	\$ 2.01	\$ 1.98	\$ 1.97	\$ 1.96
97-100 + COVER	\$ 9.07	\$ 8.42	\$ 4.59	\$ 3.22	\$ 2.50	\$ 2.43	\$ 2.27	\$ 2.18	\$ 2.17	\$ 2.14	\$ 2.13	\$ 2.12
101-104 + COVER	\$ 10.76	\$ 9.78	\$ 4.95	\$ 3.47	\$ 2.69	\$ 2.61	\$ 2.45	\$ 2.36	\$ 2.35	\$ 2.32	\$ 2.31	\$ 2.30
105-108 + COVER	\$ 11.59	\$ 10.54	\$ 5.34	\$ 3.73	\$ 2.90	\$ 2.82	\$ 2.64	\$ 2.54	\$ 2.53	\$ 2.50	\$ 2.49	\$ 2.48
109-112 + COVER	\$ 12.48	\$ 11.35	\$ 5.75	\$ 4.03	\$ 3.12	\$ 3.03	\$ 2.84	\$ 2.74	\$ 2.73	\$ 2.70	\$ 2.69	\$ 2.68
113-116 + COVER	\$ 13.46	\$ 12.24	\$ 6.20	\$ 4.34	\$ 3.37	\$ 3.27	\$ 3.06	\$ 2.94	\$ 2.93	\$ 2.90	\$ 2.89	\$ 2.88
117-120 + COVER	\$ 14.50	\$ 13.18	\$ 6.68	\$ 4.67	\$ 3.63	\$ 3.52	\$ 3.30	\$ 3.17	\$ 3.16	\$ 3.13	\$ 3.12	\$ 3.11
121-124 + COVER	\$ 15.72	\$ 14.29	\$ 7.19	\$ 5.04	\$ 3.91	\$ 3.80	\$ 3.56	\$ 3.42	\$ 3.41	\$ 3.38	\$ 3.37	\$ 3.36
125-128 + COVER	\$ 15.30	\$ 15.30	\$ 7.75	\$ 5.43	\$ 4.21	\$ 4.10	\$ 3.84	\$ 3.68	\$ 3.67	\$ 3.63	\$ 3.62	\$ 3.61
129-132 + COVER	\$ 18.15	\$ 12.76	\$ 8.35	\$ 5.85	\$ 4.54	\$ 4.42	\$ 4.14	\$ 3.97	\$ 3.96	\$ 3.93	\$ 3.92	\$ 3.91
133-136 + COVER	\$ 19.53	\$ 13.76	\$ 9.01	\$ 6.30	\$ 4.89	\$ 4.76	\$ 4.46	\$ 4.28	\$ 4.27	\$ 4.24	\$ 4.23	\$ 4.22
137-140 + COVER	\$ 21.07	\$ 14.82	\$ 9.70	\$ 6.79	\$ 5.27	\$ 5.13	\$ 4.81	\$ 4.62	\$ 4.61	\$ 4.58	\$ 4.57	\$ 4.56

REQUEST FOR QUOTATION - ATTACHMENT A
Printing/Mailing

3.1.2.1 BENEFIT BOOKS (2/2) - BASIC VDP												
QUANTITY	45,001-50,000	50,001-55,000	55,001-60,000	60,001-65,000	65,001-70,000	70,001-75,000	75,001-80,000	80,001-85,000	85,001-90,000	90,001-95,000	95,001-100,000	100,001+
PAGES												
1-8 + COVER	\$ 0.27	\$ 0.27	\$ 0.26	\$ 0.26	\$ 0.26	\$ 0.26	\$ 0.26	\$ 0.26	\$ 0.26	\$ 0.25	\$ 0.25	\$ 0.25
9-12 + COVER	\$ 0.33	\$ 0.33	\$ 0.32	\$ 0.32	\$ 0.32	\$ 0.32	\$ 0.32	\$ 0.32	\$ 0.32	\$ 0.31	\$ 0.31	\$ 0.31
13-16 + COVER	\$ 0.37	\$ 0.36	\$ 0.36	\$ 0.36	\$ 0.36	\$ 0.36	\$ 0.35	\$ 0.35	\$ 0.35	\$ 0.35	\$ 0.35	\$ 0.35
17-20 + COVER	\$ 0.42	\$ 0.42	\$ 0.42	\$ 0.42	\$ 0.42	\$ 0.41	\$ 0.41	\$ 0.41	\$ 0.41	\$ 0.41	\$ 0.41	\$ 0.41
21-24 + COVER	\$ 0.46	\$ 0.46	\$ 0.46	\$ 0.45	\$ 0.45	\$ 0.45	\$ 0.45	\$ 0.45	\$ 0.45	\$ 0.44	\$ 0.44	\$ 0.44
ERROR REMOVED												
25-28 + COVER	\$ 0.54	\$ 0.51	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.49	\$ 0.49	\$ 0.49	\$ 0.49	\$ 0.49
29-32 + COVER	\$ 0.56	\$ 0.55	\$ 0.55	\$ 0.54	\$ 0.54	\$ 0.54	\$ 0.53	\$ 0.53	\$ 0.53	\$ 0.53	\$ 0.53	\$ 0.53
33-36 + COVER	\$ 0.60	\$ 0.59	\$ 0.54	\$ 0.53	\$ 0.58	\$ 0.58	\$ 0.58	\$ 0.57	\$ 0.57	\$ 0.57	\$ 0.57	\$ 0.57
37-40 + COVER	\$ 0.65	\$ 0.64	\$ 0.64	\$ 0.63	\$ 0.63	\$ 0.62	\$ 0.62	\$ 0.62	\$ 0.62	\$ 0.62	\$ 0.61	\$ 0.61
41-44 + COVER	\$ 0.70	\$ 0.69	\$ 0.69	\$ 0.68	\$ 0.67	\$ 0.67	\$ 0.67	\$ 0.67	\$ 0.66	\$ 0.66	\$ 0.66	\$ 0.66
45-48 + COVER	\$ 0.76	\$ 0.75	\$ 0.75	\$ 0.74	\$ 0.73	\$ 0.72	\$ 0.72	\$ 0.72	\$ 0.71	\$ 0.71	\$ 0.71	\$ 0.71
49-52 + COVER	\$ 0.82	\$ 0.81	\$ 0.81	\$ 0.80	\$ 0.78	\$ 0.78	\$ 0.77	\$ 0.77	\$ 0.77	\$ 0.77	\$ 0.77	\$ 0.77
53-56 + COVER	\$ 0.88	\$ 0.87	\$ 0.87	\$ 0.86	\$ 0.84	\$ 0.84	\$ 0.83	\$ 0.83	\$ 0.83	\$ 0.83	\$ 0.83	\$ 0.83
57-60 + COVER	\$ 0.95	\$ 0.94	\$ 0.94	\$ 0.93	\$ 0.90	\$ 0.90	\$ 0.90	\$ 0.90	\$ 0.89	\$ 0.89	\$ 0.89	\$ 0.89
61-64 + COVER	\$ 1.02	\$ 1.01	\$ 1.01	\$ 1.00	\$ 0.98	\$ 0.97	\$ 0.97	\$ 0.97	\$ 0.97	\$ 0.96	\$ 0.96	\$ 0.96
65-68 + COVER	\$ 1.10	\$ 1.09	\$ 1.09	\$ 1.08	\$ 1.05	\$ 1.05	\$ 1.05	\$ 1.04	\$ 1.04	\$ 1.04	\$ 1.04	\$ 1.04
69-72 + COVER	\$ 1.18	\$ 1.17	\$ 1.17	\$ 1.16	\$ 1.13	\$ 1.13	\$ 1.13	\$ 1.12	\$ 1.12	\$ 1.12	\$ 1.12	\$ 1.12
73-76 + COVER	\$ 1.28	\$ 1.27	\$ 1.27	\$ 1.26	\$ 1.22	\$ 1.22	\$ 1.22	\$ 1.21	\$ 1.21	\$ 1.21	\$ 1.21	\$ 1.20
77-80 + COVER	\$ 1.38	\$ 1.37	\$ 1.37	\$ 1.36	\$ 1.31	\$ 1.31	\$ 1.31	\$ 1.30	\$ 1.30	\$ 1.30	\$ 1.30	\$ 1.29
81-84 + COVER	\$ 1.48	\$ 1.47	\$ 1.47	\$ 1.46	\$ 1.42	\$ 1.42	\$ 1.42	\$ 1.41	\$ 1.40	\$ 1.40	\$ 1.40	\$ 1.39
85-88 + COVER	\$ 1.60	\$ 1.59	\$ 1.59	\$ 1.58	\$ 1.53	\$ 1.53	\$ 1.53	\$ 1.51	\$ 1.51	\$ 1.51	\$ 1.51	\$ 1.49
89-92 + COVER	\$ 1.72	\$ 1.71	\$ 1.71	\$ 1.70	\$ 1.65	\$ 1.65	\$ 1.64	\$ 1.63	\$ 1.63	\$ 1.63	\$ 1.63	\$ 1.61
93-96 + COVER	\$ 1.85	\$ 1.84	\$ 1.84	\$ 1.83	\$ 1.77	\$ 1.77	\$ 1.76	\$ 1.76	\$ 1.75	\$ 1.75	\$ 1.75	\$ 1.74
97-100 + COVER	\$ 1.99	\$ 1.98	\$ 1.98	\$ 1.97	\$ 1.91	\$ 1.91	\$ 1.91	\$ 1.89	\$ 1.89	\$ 1.89	\$ 1.89	\$ 1.87
101-104 + COVER	\$ 2.36	\$ 2.35	\$ 2.35	\$ 2.34	\$ 2.06	\$ 2.06	\$ 2.06	\$ 2.04	\$ 2.04	\$ 2.03	\$ 2.03	\$ 2.02
105-108 + COVER	\$ 2.54	\$ 2.53	\$ 2.53	\$ 2.52	\$ 2.22	\$ 2.22	\$ 2.22	\$ 2.22	\$ 2.19	\$ 2.19	\$ 2.19	\$ 2.18
109-112 + COVER	\$ 2.74	\$ 2.73	\$ 2.73	\$ 2.72	\$ 2.39	\$ 2.39	\$ 2.39	\$ 2.37	\$ 2.36	\$ 2.36	\$ 2.36	\$ 2.35
113-116 + COVER	\$ 2.94	\$ 2.93	\$ 2.93	\$ 2.92	\$ 2.58	\$ 2.58	\$ 2.58	\$ 2.55	\$ 2.55	\$ 2.55	\$ 2.55	\$ 2.52
117-120 + COVER	\$ 3.17	\$ 3.16	\$ 3.16	\$ 3.15	\$ 2.78	\$ 2.78	\$ 2.78	\$ 2.75	\$ 2.74	\$ 2.74	\$ 2.74	\$ 2.72
121-124 + COVER	\$ 3.42	\$ 3.41	\$ 3.41	\$ 3.40	\$ 2.99	\$ 2.99	\$ 2.99	\$ 2.96	\$ 2.96	\$ 2.96	\$ 2.96	\$ 2.93
125-128 + COVER	\$ 3.68	\$ 3.67	\$ 3.67	\$ 3.66	\$ 3.23	\$ 3.23	\$ 3.23	\$ 3.19	\$ 3.19	\$ 3.19	\$ 3.19	\$ 3.16
129-132 + COVER	\$ 3.97	\$ 3.96	\$ 3.96	\$ 3.95	\$ 3.48	\$ 3.48	\$ 3.48	\$ 3.44	\$ 3.43	\$ 3.43	\$ 3.43	\$ 3.41
133-136 + COVER	\$ 4.28	\$ 4.27	\$ 4.27	\$ 4.26	\$ 3.75	\$ 3.75	\$ 3.75	\$ 3.71	\$ 3.69	\$ 3.69	\$ 3.69	\$ 3.67
137-140 + COVER	\$ 4.62	\$ 4.61	\$ 4.61	\$ 4.60	\$ 4.03	\$ 4.03	\$ 4.03	\$ 4.00	\$ 3.99	\$ 3.99	\$ 3.99	\$ 3.96

REQUEST FOR QUOTATION - ATTACHMENT A
Printing/Mailing

3.1.2.2 LETTERS - BASIC VDP												
PAGES \ QUANTITY	1-500	501-1,000	1,001-1,500	1,501-2,500	2,501-5,000	5,001-7,500	7,501-10,000	10,001-15,000	15,001-20,000	20,001-25,000	25,001-30,000	30,001-35,000
1 SINGLE SIDED	\$ 0.83	\$ 0.42	\$ 0.28	\$ 0.24	\$ 0.22	\$ 0.20	\$ 0.19	\$ 0.18	\$ 0.17	\$ 0.17	\$ 0.16	\$ 0.15
2 SINGLE SIDED	\$ 0.98	\$ 0.57	\$ 0.38	\$ 0.34	\$ 0.32	\$ 0.25	\$ 0.24	\$ 0.23	\$ 0.22	\$ 0.22	\$ 0.21	\$ 0.20
3 SINGLE SIDED	\$ 1.14	\$ 0.72	\$ 0.48	\$ 0.44	\$ 0.42	\$ 0.30	\$ 0.29	\$ 0.28	\$ 0.27	\$ 0.27	\$ 0.26	\$ 0.25
4 SINGLE SIDED	\$ 1.30	\$ 0.87	\$ 0.58	\$ 0.54	\$ 0.52	\$ 0.35	\$ 0.34	\$ 0.33	\$ 0.32	\$ 0.32	\$ 0.31	\$ 0.30
5 SINGLE SIDED	\$ 1.48	\$ 1.02	\$ 0.68	\$ 0.64	\$ 0.62	\$ 0.40	\$ 0.39	\$ 0.38	\$ 0.37	\$ 0.37	\$ 0.36	\$ 0.35
6 SINGLE SIDED	\$ 1.64	\$ 1.17	\$ 0.78	\$ 0.74	\$ 0.72	\$ 0.45	\$ 0.44	\$ 0.43	\$ 0.42	\$ 0.42	\$ 0.41	\$ 0.40
7 SINGLE SIDED	\$ 1.80	\$ 1.32	\$ 0.88	\$ 0.84	\$ 0.82	\$ 0.50	\$ 0.49	\$ 0.48	\$ 0.47	\$ 0.47	\$ 0.46	\$ 0.45
8 SINGLE SIDED	\$ 1.96	\$ 1.47	\$ 0.98	\$ 0.94	\$ 0.92	\$ 0.55	\$ 0.54	\$ 0.53	\$ 0.52	\$ 0.52	\$ 0.51	\$ 0.50
1 DOUBLE SIDED	\$ 0.88	\$ 0.47	\$ 0.33	\$ 0.29	\$ 0.27	\$ 0.25	\$ 0.24	\$ 0.23	\$ 0.22	\$ 0.22	\$ 0.21	\$ 0.20
2 DOUBLE SIDED	\$ 1.03	\$ 0.62	\$ 0.43	\$ 0.39	\$ 0.37	\$ 0.30	\$ 0.29	\$ 0.28	\$ 0.27	\$ 0.27	\$ 0.26	\$ 0.25
3 DOUBLE SIDED	\$ 1.19	\$ 0.77	\$ 0.53	\$ 0.49	\$ 0.47	\$ 0.35	\$ 0.34	\$ 0.33	\$ 0.32	\$ 0.32	\$ 0.31	\$ 0.30
4 DOUBLE SIDED	\$ 1.35	\$ 0.92	\$ 0.63	\$ 0.59	\$ 0.57	\$ 0.40	\$ 0.39	\$ 0.38	\$ 0.37	\$ 0.37	\$ 0.36	\$ 0.35
5 DOUBLE SIDED	\$ 1.53	\$ 1.07	\$ 0.73	\$ 0.69	\$ 0.67	\$ 0.45	\$ 0.44	\$ 0.43	\$ 0.42	\$ 0.42	\$ 0.41	\$ 0.40
6 DOUBLE SIDED	\$ 1.69	\$ 1.22	\$ 0.83	\$ 0.79	\$ 0.77	\$ 0.50	\$ 0.49	\$ 0.48	\$ 0.47	\$ 0.47	\$ 0.46	\$ 0.40
7 DOUBLE SIDED	\$ 1.85	\$ 1.37	\$ 0.93	\$ 0.89	\$ 0.87	\$ 0.55	\$ 0.54	\$ 0.53	\$ 0.52	\$ 0.52	\$ 0.51	\$ 0.45
8 DOUBLE SIDED	\$ 2.01	\$ 1.52	\$ 1.03	\$ 0.99	\$ 0.97	\$ 0.60	\$ 0.59	\$ 0.58	\$ 0.57	\$ 0.57	\$ 0.56	\$ 0.55
PAGES \ QUANTITY	35,001-40,000	40,001-45,000	45,001-50,000	50,001-55,000	55,001-60,000	60,001-65,000	65,001-70,000	70,001-75,000	75,001-80,000	80,001-85,000	85,001-90,000	90,001 +
1 SINGLE SIDED	\$ 0.15	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.13	\$ 0.13	\$ 0.13	\$ 0.12	\$ 0.12	\$ 0.11	\$ 0.10	\$ 0.10
2 SINGLE SIDED	\$ 0.20	\$ 0.19	\$ 0.19	\$ 0.19	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.17	\$ 0.17	\$ 0.16	\$ 0.15	\$ 0.15
3 SINGLE SIDED	\$ 0.25	\$ 0.24	\$ 0.24	\$ 0.24	\$ 0.23	\$ 0.23	\$ 0.23	\$ 0.22	\$ 0.22	\$ 0.21	\$ 0.20	\$ 0.20
4 SINGLE SIDED	\$ 0.30	\$ 0.29	\$ 0.29	\$ 0.29	\$ 0.28	\$ 0.28	\$ 0.28	\$ 0.27	\$ 0.27	\$ 0.26	\$ 0.25	\$ 0.25
5 SINGLE SIDED	\$ 0.35	\$ 0.34	\$ 0.34	\$ 0.34	\$ 0.33	\$ 0.33	\$ 0.33	\$ 0.32	\$ 0.32	\$ 0.31	\$ 0.30	\$ 0.30
6 SINGLE SIDED	\$ 0.40	\$ 0.39	\$ 0.39	\$ 0.39	\$ 0.38	\$ 0.38	\$ 0.38	\$ 0.37	\$ 0.37	\$ 0.36	\$ 0.35	\$ 0.35
7 SINGLE SIDED	\$ 0.45	\$ 0.44	\$ 0.44	\$ 0.44	\$ 0.43	\$ 0.43	\$ 0.43	\$ 0.42	\$ 0.42	\$ 0.41	\$ 0.40	\$ 0.40
8 SINGLE SIDED	\$ 0.50	\$ 0.49	\$ 0.49	\$ 0.49	\$ 0.48	\$ 0.48	\$ 0.48	\$ 0.47	\$ 0.47	\$ 0.46	\$ 0.45	\$ 0.45
1 DOUBLE SIDED	\$ 0.15	\$ 0.15	\$ 0.15	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.13	\$ 0.13	\$ 0.13
2 DOUBLE SIDED	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.19	\$ 0.19	\$ 0.19	\$ 0.19	\$ 0.19	\$ 0.19	\$ 0.18	\$ 0.18	\$ 0.18
3 DOUBLE SIDED	\$ 0.25	\$ 0.25	\$ 0.25	\$ 0.24	\$ 0.24	\$ 0.24	\$ 0.24	\$ 0.23	\$ 0.23	\$ 0.22	\$ 0.21	\$ 0.21
4 DOUBLE SIDED	\$ 0.30	\$ 0.30	\$ 0.30	\$ 0.29	\$ 0.29	\$ 0.29	\$ 0.29	\$ 0.28	\$ 0.28	\$ 0.27	\$ 0.26	\$ 0.26
5 DOUBLE SIDED	\$ 0.35	\$ 0.35	\$ 0.35	\$ 0.34	\$ 0.34	\$ 0.34	\$ 0.34	\$ 0.33	\$ 0.33	\$ 0.32	\$ 0.31	\$ 0.31
6 DOUBLE SIDED	\$ 0.40	\$ 0.40	\$ 0.40	\$ 0.39	\$ 0.39	\$ 0.39	\$ 0.39	\$ 0.38	\$ 0.38	\$ 0.37	\$ 0.36	\$ 0.36
7 DOUBLE SIDED	\$ 0.45	\$ 0.45	\$ 0.45	\$ 0.44	\$ 0.44	\$ 0.44	\$ 0.44	\$ 0.43	\$ 0.43	\$ 0.42	\$ 0.41	\$ 0.41
8 DOUBLE SIDED	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.49	\$ 0.49	\$ 0.49	\$ 0.49	\$ 0.48	\$ 0.48	\$ 0.47	\$ 0.46	\$ 0.46

REQUEST FOR QUOTATION - ATTACHMENT A
Printing/Mailing

3.1.2.3 LETTERS - FULL VDP												
QUANTITY	1-500	501-1,000	1,001-1,500	1,501-2,500	2,501-5,000	5,001-7,500	7,501-10,000	10,001-15,000	15,001-20,000	20,001-25,000	25,001-30,000	30,001-35,000
PAGES												
1 SINGLE SIDED	\$ 0.90	\$ 0.57	\$ 0.33	\$ 0.29	\$ 0.25	\$ 0.15	\$ 0.15	\$ 0.15	\$ 0.15	\$ 0.15	\$ 0.15	\$ 0.15
2 SINGLE SIDED	\$ 1.05	\$ 0.72	\$ 0.43	\$ 0.39	\$ 0.30	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20
3 SINGLE SIDED	\$ 1.21	\$ 0.87	\$ 0.53	\$ 0.49	\$ 0.35	\$ 0.25	\$ 0.25	\$ 0.25	\$ 0.25	\$ 0.25	\$ 0.25	\$ 0.25
4 SINGLE SIDED	\$ 1.37	\$ 1.02	\$ 0.63	\$ 0.59	\$ 0.40	\$ 0.30	\$ 0.30	\$ 0.30	\$ 0.30	\$ 0.30	\$ 0.30	\$ 0.30
5 SINGLE SIDED	\$ 1.55	\$ 1.17	\$ 0.73	\$ 0.69	\$ 0.45	\$ 0.35	\$ 0.35	\$ 0.35	\$ 0.35	\$ 0.35	\$ 0.35	\$ 0.35
6 SINGLE SIDED	\$ 1.71	\$ 1.32	\$ 0.83	\$ 0.79	\$ 0.50	\$ 0.40	\$ 0.40	\$ 0.40	\$ 0.40	\$ 0.40	\$ 0.40	\$ 0.40
7 SINGLE SIDED	\$ 1.87	\$ 1.47	\$ 0.93	\$ 0.89	\$ 0.55	\$ 0.45	\$ 0.45	\$ 0.45	\$ 0.45	\$ 0.45	\$ 0.45	\$ 0.45
8 SINGLE SIDED	\$ 2.03	\$ 1.62	\$ 1.03	\$ 0.99	\$ 0.60	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50
1 DOUBLE SIDED	\$ 0.95	\$ 0.62	\$ 0.38	\$ 0.34	\$ 0.32	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.20
2 DOUBLE SIDED	\$ 1.10	\$ 0.77	\$ 0.48	\$ 0.44	\$ 0.42	\$ 0.25	\$ 0.25	\$ 0.25	\$ 0.25	\$ 0.25	\$ 0.25	\$ 0.25
3 DOUBLE SIDED	\$ 1.26	\$ 0.92	\$ 0.58	\$ 0.54	\$ 0.52	\$ 0.30	\$ 0.30	\$ 0.30	\$ 0.30	\$ 0.30	\$ 0.30	\$ 0.30
4 DOUBLE SIDED	\$ 1.42	\$ 1.07	\$ 0.68	\$ 0.64	\$ 0.62	\$ 0.35	\$ 0.35	\$ 0.35	\$ 0.35	\$ 0.35	\$ 0.35	\$ 0.35
5 DOUBLE SIDED	\$ 1.60	\$ 1.22	\$ 0.78	\$ 0.74	\$ 0.72	\$ 0.40	\$ 0.40	\$ 0.40	\$ 0.40	\$ 0.40	\$ 0.40	\$ 0.40
6 DOUBLE SIDED	\$ 1.76	\$ 1.37	\$ 0.88	\$ 0.84	\$ 0.82	\$ 0.45	\$ 0.45	\$ 0.45	\$ 0.45	\$ 0.45	\$ 0.45	\$ 0.45
7 DOUBLE SIDED	\$ 1.92	\$ 1.52	\$ 0.98	\$ 0.94	\$ 0.92	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.50
8 DOUBLE SIDED	\$ 2.08	\$ 1.67	\$ 1.08	\$ 1.04	\$ 1.02	\$ 0.55	\$ 0.55	\$ 0.55	\$ 0.55	\$ 0.55	\$ 0.55	\$ 0.55
QUANTITY	35,001-40,000	40,001-45,000	45,001-50,000	50,001-55,000	55,001-60,000	60,001-65,000	65,001-70,000	70,001-75,000	75,001-80,000	80,001-85,000	85,001-90,000	90,001 +
1 SINGLE SIDED	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.13	\$ 0.13	\$ 0.13	\$ 0.13	\$ 0.12	\$ 0.12	\$ 0.11	\$ 0.11
2 SINGLE SIDED	\$ 0.19	\$ 0.19	\$ 0.19	\$ 0.19	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.17	\$ 0.17	\$ 0.16	\$ 0.16
3 SINGLE SIDED	\$ 0.24	\$ 0.24	\$ 0.24	\$ 0.24	\$ 0.23	\$ 0.23	\$ 0.23	\$ 0.23	\$ 0.22	\$ 0.22	\$ 0.21	\$ 0.21
4 SINGLE SIDED	\$ 0.29	\$ 0.29	\$ 0.29	\$ 0.29	\$ 0.28	\$ 0.28	\$ 0.28	\$ 0.28	\$ 0.27	\$ 0.27	\$ 0.26	\$ 0.26
5 SINGLE SIDED	\$ 0.34	\$ 0.34	\$ 0.34	\$ 0.34	\$ 0.33	\$ 0.33	\$ 0.33	\$ 0.33	\$ 0.32	\$ 0.32	\$ 0.31	\$ 0.31
6 SINGLE SIDED	\$ 0.39	\$ 0.39	\$ 0.39	\$ 0.39	\$ 0.38	\$ 0.38	\$ 0.38	\$ 0.38	\$ 0.37	\$ 0.37	\$ 0.36	\$ 0.36
7 SINGLE SIDED	\$ 0.44	\$ 0.44	\$ 0.44	\$ 0.44	\$ 0.43	\$ 0.43	\$ 0.43	\$ 0.43	\$ 0.42	\$ 0.42	\$ 0.41	\$ 0.41
8 SINGLE SIDED	\$ 0.49	\$ 0.49	\$ 0.49	\$ 0.49	\$ 0.48	\$ 0.48	\$ 0.48	\$ 0.48	\$ 0.47	\$ 0.47	\$ 0.46	\$ 0.46
1 DOUBLE SIDED	\$ 0.19	\$ 0.19	\$ 0.19	\$ 0.19	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.17	\$ 0.17	\$ 0.16	\$ 0.16
2 DOUBLE SIDED	\$ 0.24	\$ 0.24	\$ 0.24	\$ 0.24	\$ 0.23	\$ 0.23	\$ 0.23	\$ 0.23	\$ 0.22	\$ 0.22	\$ 0.21	\$ 0.21
3 DOUBLE SIDED	\$ 0.29	\$ 0.29	\$ 0.29	\$ 0.29	\$ 0.28	\$ 0.28	\$ 0.28	\$ 0.28	\$ 0.27	\$ 0.27	\$ 0.26	\$ 0.26
4 DOUBLE SIDED	\$ 0.34	\$ 0.34	\$ 0.34	\$ 0.34	\$ 0.33	\$ 0.33	\$ 0.33	\$ 0.33	\$ 0.32	\$ 0.32	\$ 0.31	\$ 0.31
5 DOUBLE SIDED	\$ 0.39	\$ 0.39	\$ 0.39	\$ 0.39	\$ 0.38	\$ 0.38	\$ 0.38	\$ 0.38	\$ 0.37	\$ 0.37	\$ 0.36	\$ 0.36
6 DOUBLE SIDED	\$ 0.44	\$ 0.44	\$ 0.44	\$ 0.44	\$ 0.43	\$ 0.43	\$ 0.43	\$ 0.43	\$ 0.42	\$ 0.42	\$ 0.41	\$ 0.41
7 DOUBLE SIDED	\$ 0.49	\$ 0.49	\$ 0.49	\$ 0.49	\$ 0.48	\$ 0.48	\$ 0.48	\$ 0.48	\$ 0.47	\$ 0.47	\$ 0.46	\$ 0.46
8 DOUBLE SIDED	\$ 0.54	\$ 0.54	\$ 0.54	\$ 0.54	\$ 0.53	\$ 0.53	\$ 0.53	\$ 0.53	\$ 0.52	\$ 0.52	\$ 0.51	\$ 0.51

REQUEST FOR QUOTATION - ATTACHMENT A
Printing/Mailing

3.1.2.4 INVOICE - FULL VDP												
QUANTITY	1-	251-	501-	1,001-	1,501-	2,501-	5,001-	7,501-	10,001-	15,001-	20,001-	25,001-
PAGES	250	500	1,000	1,500	2,500	5,000	7,500	10,000	15,000	20,000	25,000	30,000
1 SINGLE SIDED	\$ 0.55	\$ 0.50	\$ 0.42	\$ 0.33	\$ 0.31	\$ 0.25	\$ 0.24	\$ 0.23	\$ 0.18	\$ 0.17	\$ 0.16	\$ 0.15
1 DOUBLE SIDED	\$ 0.60	\$ 0.55	\$ 0.46	\$ 0.37	\$ 0.35	\$ 0.28	\$ 0.27	\$ 0.26	\$ 0.21	\$ 0.20	\$ 0.19	\$ 0.18

3.1.2.5 NEWSLETTERS - BASIC VDP												
QUANTITY	1-	501-	1,001-	1,501-	2,501-	5,001-	7,501-	10,001-	15,001-	20,001-	25,001-	30,001-
PAGES	500	1,000	1,500	2,500	5,000	7,500	10,000	15,000	20,000	25,000	30,000	35,000
1 DOUBLE SIDED	\$ 2.70	\$ 1.80	\$ 0.40	\$ 0.33	\$ 0.21	\$ 0.17	\$ 0.15	\$ 0.15	\$ 0.15	\$ 0.14	\$ 0.14	\$ 0.14
2 DOUBLE SIDED	\$ 3.00	\$ 2.10	\$ 0.47	\$ 0.40	\$ 0.26	\$ 0.22	\$ 0.20	\$ 0.20	\$ 0.20	\$ 0.19	\$ 0.19	\$ 0.19
3 DOUBLE SIDED	\$ 3.30	\$ 2.40	\$ 0.54	\$ 0.47	\$ 0.31	\$ 0.27	\$ 0.25	\$ 0.25	\$ 0.25	\$ 0.24	\$ 0.24	\$ 0.24
4 DOUBLE SIDED	\$ 3.60	\$ 2.70	\$ 0.61	\$ 0.54	\$ 0.36	\$ 0.32	\$ 0.30	\$ 0.30	\$ 0.30	\$ 0.29	\$ 0.29	\$ 0.29
5 DOUBLE SIDED	\$ 3.90	\$ 3.00	\$ 0.68	\$ 0.61	\$ 0.41	\$ 0.37	\$ 0.35	\$ 0.35	\$ 0.35	\$ 0.34	\$ 0.34	\$ 0.34
6 DOUBLE SIDED	\$ 4.20	\$ 3.30	\$ 0.75	\$ 0.68	\$ 0.46	\$ 0.42	\$ 0.40	\$ 0.40	\$ 0.40	\$ 0.39	\$ 0.39	\$ 0.39
7 DOUBLE SIDED	\$ 4.50	\$ 3.60	\$ 0.82	\$ 0.75	\$ 0.51	\$ 0.47	\$ 0.45	\$ 0.45	\$ 0.45	\$ 0.44	\$ 0.44	\$ 0.44
8 DOUBLE SIDED	\$ 4.80	\$ 3.90	\$ 0.89	\$ 0.82	\$ 0.56	\$ 0.52	\$ 0.50	\$ 0.50	\$ 0.50	\$ 0.49	\$ 0.49	\$ 0.49
QUANTITY	35,001-	40,001-	45,001-	50,001-	55,001-	60,001-	65,001-	70,001-	75,001-	80,001-	85,001-	90,001-
PAGES	40,000	45,000	50,000	55,000	60,000	65,000	70,000	75,000	80,000	85,000	90,000	90,001 +
1 DOUBLE SIDED	\$ 0.13	\$ 0.13	\$ 0.13	\$ 0.13	\$ 0.13	\$ 0.12	\$ 0.12	\$ 0.12	\$ 0.11	\$ 0.11	\$ 0.11	\$ 0.10
2 DOUBLE SIDED	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.18	\$ 0.17	\$ 0.17	\$ 0.17	\$ 0.16	\$ 0.16	\$ 0.16	\$ 0.15
3 DOUBLE SIDED	\$ 0.23	\$ 0.23	\$ 0.23	\$ 0.23	\$ 0.23	\$ 0.22	\$ 0.22	\$ 0.22	\$ 0.21	\$ 0.21	\$ 0.21	\$ 0.20
4 DOUBLE SIDED	\$ 0.28	\$ 0.28	\$ 0.28	\$ 0.28	\$ 0.28	\$ 0.27	\$ 0.27	\$ 0.27	\$ 0.26	\$ 0.26	\$ 0.26	\$ 0.25
5 DOUBLE SIDED	\$ 0.33	\$ 0.33	\$ 0.33	\$ 0.33	\$ 0.33	\$ 0.32	\$ 0.32	\$ 0.32	\$ 0.31	\$ 0.31	\$ 0.31	\$ 0.30
6 DOUBLE SIDED	\$ 0.38	\$ 0.38	\$ 0.38	\$ 0.38	\$ 0.38	\$ 0.37	\$ 0.37	\$ 0.37	\$ 0.36	\$ 0.36	\$ 0.36	\$ 0.35
7 DOUBLE SIDED	\$ 0.43	\$ 0.43	\$ 0.43	\$ 0.43	\$ 0.43	\$ 0.42	\$ 0.42	\$ 0.42	\$ 0.41	\$ 0.41	\$ 0.41	\$ 0.40
8 DOUBLE SIDED	\$ 0.48	\$ 0.48	\$ 0.48	\$ 0.48	\$ 0.48	\$ 0.47	\$ 0.47	\$ 0.47	\$ 0.46	\$ 0.46	\$ 0.46	\$ 0.45

3.1.2.6 PREMIUM AND BENEFIT ASSISTANCE APPLICATION- BASIC VDP												
QUANTITY	1-	501-	1,001-	1,501-	2,501-	5,001-	7,501-	10,001-	15,001-	20,001-	25,001-	30,001-
PAGES	500	1,000	1,500	2,500	5,000	7,500	10,000	15,000	20,000	25,000	30,000	35,000
DOUBLE SIDED	\$ 0.83	\$ 0.42	\$ 0.28	\$ 0.24	\$ 0.22	\$ 0.20	\$ 0.19	\$ 0.18	\$ 0.17	\$ 0.17	\$ 0.16	\$ 0.15
QUANTITY	35,001-	40,001-	45,001-	50,001-	55,001-	60,001-	65,001-	70,001-	75,001-	80,001-	85,001-	90,001 +
PAGES	40,000	45,000	50,000	55,000	60,000	65,000	70,000	75,000	80,000	85,000	90,000	90,001 +
DOUBLE SIDED	\$ 0.15	\$ 0.15	\$ 0.15	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.13	\$ 0.13	\$ 0.13	\$ 0.12	\$ 0.10

Printing/Mailing

3.1.2.7

QUANTITY	1-500	501-1,000	1,001-1,500	1,501-2,500	2,501-5,000	5,001-7,500	7,501-10,000	10,001-15,000	15,001-20,000	20,001-25,000	25,001-30,000	30,001-35,000
PAGES	500	1,000	1,500	2,500	5,000	7,500	10,000	15,000	20,000	25,000	30,000	35,000
ONE COLOR (1/1)	\$ 1.20	\$ 0.60	\$ 0.33	\$ 0.21	\$ 0.19	\$ 0.18	\$ 0.15	\$ 0.15	\$ 0.13	\$ 0.10	\$ 0.10	\$ 0.09
FULL COLOR (4/1)	\$ 1.25	\$ 0.65	\$ 0.35	\$ 0.23	\$ 0.21	\$ 0.20	\$ 0.16	\$ 0.16	\$ 0.14	\$ 0.11	\$ 0.11	\$ 0.10
QUANTITY	35,001-40,000	40,001-45,000	45,001-50,000	50,001-55,000	55,001-60,000	60,001-65,000	65,001-70,000	70,001-75,000	75,001-80,000	80,001-85,000	85,001-90,000	90,000 +
PAGES	40,000	45,000	50,000	55,000	60,000	65,000	70,000	75,000	80,000	85,000	90,000	90,000 +
ONE COLOR (1/1)	\$ 0.09	\$ 0.08	\$ 0.08	\$ 0.08	\$ 0.08	\$ 0.07	\$ 0.07	\$ 0.07	\$ 0.06	\$ 0.06	\$ 0.06	\$ 0.06
FULL COLOR (4/1)	\$ 0.10	\$ 0.08	\$ 0.08	\$ 0.08	\$ 0.08	\$ 0.07	\$ 0.07	\$ 0.07	\$ 0.06	\$ 0.06	\$ 0.06	\$ 0.06

3.1.2.8

QUANTITY		1-500	501-1,000	1,001-1,500	1,501-2,500	2,501-5,000	5,001-7,500	7,501-10,000	10,001-15,000	15,001-20,000	20,001-25,000	25,001-30,000	30,001-35,000
PAGES	ONE COLOR (1/1)	\$ 0.83	\$ 0.42	\$ 0.28	\$ 0.24	\$ 0.22	\$ 0.20	\$ 0.19	\$ 0.18	\$ 0.17	\$ 0.17	\$ 0.16	\$ 0.15
	FULL COLOR (4/1)	\$ 0.89	\$ 0.47	\$ 0.32	\$ 0.27	\$ 0.26	\$ 0.23	\$ 0.22	\$ 0.21	\$ 0.20	\$ 0.20	\$ 0.19	\$ 0.18
QUANTITY		35,001-40,000	40,001-45,000	45,001-50,000	50,001-55,000	55,001-60,000	60,001-65,000	65,001-70,000	70,001-75,000	75,001-80,000	80,001-85,000	85,001-90,000	90,000 +
PAGES	ONE COLOR (1/1)	\$ 0.15	\$ 0.14	\$ 0.14	\$ 0.14	\$ 0.13	\$ 0.13	\$ 0.13	\$ 0.12	\$ 0.12	\$ 0.11	\$ 0.11	\$ 0.10
	FULL COLOR (4/1)	\$ 0.18	\$ 0.17	\$ 0.17	\$ 0.16	\$ 0.15	\$ 0.15	\$ 0.15	\$ 0.14	\$ 0.14	\$ 0.13	\$ 0.13	\$ 0.12

3.1.2.9

BARCODING	\$ 0.01
RETURN ENVELOPE	\$ 0.02
GENERIC INSERT (ONE COLOR)	\$ 0.04
GENERIC INSERT (FULL COLOR)	\$ 0.05

REQUEST FOR QUOTATION - ATTACHMENT D
Printing/Mailing

VENDOR EXPERIENCE REFERENCE INFORMATION

Reference #1 (Required) Legal & General Retirement America

Contact Person	Karen Worchester
Position	Director, Pension Support Services
Address	750 Washington Blvd, Suite 900
City, State, Zip	Stamford, CT 06901
Telephone Number	(240) 910-1925
E-mail Address	kworchester@lgra.com
Project Description	Check and Certificate mailings. Looking in the process of handling their GLB Privacy mailings, all letter mailings, return mail, digitization of received mail and lockbox services.
Project Dates	LGRA has been a customer of OSG for over 6 years.
Personnel Assigned	

Reference #2 (Required) Combined Insurance, A Chubb Insurance Company

Contact Person	Laura Garza Lara
Position	Assistant Vice President Shared Services & Global Contact Center
Address	111 E Wacker Dr Ste 700
City, State, Zip	Chicago, IL 60631
Telephone Number	(224) 496-0537
E-mail Address	laura.garza@combined.com
Project Description	OSG handles all Combined Insurance transactional and direct mail projects.
Project Dates	Combined Insurance has been an OSG customer for over 10 years.
Personnel Assigned	

REQUEST FOR QUOTATION - ATTACHMENT D
Printing/Mailing

VENDOR EXPERIENCE REFERENCE INFORMATION

Reference #3 (Required) United Fire Group Insurance

Contact Person	Tammy Etscheidt, PMP
Position	Product Owner
Address	118 2nd Ave SE
City, State, Zip	Cedar Rapids, Iowa, 52401
Telephone Number	(319)399-5695
E-mail Address	tetscheidt@unitedfiregroup.com
Project Description	Multiple Insurance mailings
Project Dates	United Fire Group Insurance has been an OSG customer for last 8 Years.
Personnel Assigned	

Reference #4 (Optional) Reliance Standard Life Insurance

Contact Person	Cathy Higgins
Position	Director, Premium Services
Address	1700 Market Street, Suite 1200
City, State, Zip	Philadelphia, PA 19103-3938
Telephone Number	(267) 256-3618
E-mail Address	Cathy.Higgins@rsli.com
Project Description	Lockbox Services
Project Dates	RSLI has been a customer of OSG for the past 10 years.
Personnel Assigned	

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: PEI2400000001

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

<input checked="" type="checkbox"/> Addendum No. 1	<input type="checkbox"/> Addendum No. 6
<input type="checkbox"/> Addendum No. 2	<input type="checkbox"/> Addendum No. 7
<input type="checkbox"/> Addendum No. 3	<input type="checkbox"/> Addendum No. 8
<input type="checkbox"/> Addendum No. 4	<input type="checkbox"/> Addendum No. 9
<input type="checkbox"/> Addendum No. 5	<input type="checkbox"/> Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

National Data Services dba
Diamond Communication Solutions
an OSG Company



Authorized Signature

06/07/2024

Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.

WV STATE GOVERNMENT

HIPAA BUSINESS ASSOCIATE ADDENDUM

This Health Insurance Portability and Accountability Act of 1996 (hereafter, HIPAA) Business Associate Addendum ("Addendum") is made a part of the Agreement ("Agreement") by and between the State of West Virginia ("Agency"), and Business Associate ("Associate"), and is effective as of the date of execution of the Addendum.

The Associate performs certain services on behalf of or for the Agency pursuant to the underlying Agreement that requires the exchange of information including protected health information protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the American Recovery and Reinvestment Act of 2009 (Pub. L. No. 111-5) (the "HITECH Act"), any associated regulations and the federal regulations published at 45 CFR parts 160 and 164 (sometimes collectively referred to as "HIPAA"). The Agency is a "Covered Entity" as that term is defined in HIPAA, and the parties to the underlying Agreement are entering into this Addendum to establish the responsibilities of both parties regarding HIPAA-covered information and to bring the underlying Agreement into compliance with HIPAA.

Whereas it is desirable, in order to further the continued efficient operations of Agency to disclose to its Associate certain information which may contain confidential individually identifiable health information (hereafter, Protected Health Information or PHI); and

Whereas, it is the desire of both parties that the confidentiality of the PHI disclosed hereunder be maintained and treated in accordance with all applicable laws relating to confidentiality, including the Privacy and Security Rules, the HITECH Act and its associated regulations, and the parties do agree to at all times treat the PHI and interpret this Addendum consistent with that desire.

NOW THEREFORE: the parties agree that in consideration of the mutual promises herein, in the Agreement, and of the exchange of PHI hereunder that:

1. **Definitions.** Terms used, but not otherwise defined, in this Addendum shall have the same meaning as those terms in the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.
 - a. **Agency Procurement Officer** shall mean the appropriate Agency individual listed at: <http://www.state.wv.us/admin/purchase/vrc/agencyli.html>.
 - b. **Agent** shall mean those person(s) who are agent(s) of the Business Associate, in accordance with the Federal common law of agency, as referenced in 45 CFR § 160.402(c).
 - c. **Breach** shall mean the acquisition, access, use or disclosure of protected health information which compromises the security or privacy of such information, except as excluded in the definition of Breach in 45 CFR § 164.402.
 - d. **Business Associate** shall have the meaning given to such term in 45 CFR § 160.103.
 - e. **HITECH Act** shall mean the Health Information Technology for Economic and Clinical Health Act. Public Law No. 111-05. 111th Congress (2009).

- f. **Privacy Rule** means the Standards for Privacy of Individually Identifiable Health Information found at 45 CFR Parts 160 and 164.
- g. **Protected Health Information or PHI** shall have the meaning given to such term in 45 CFR § 160.103, limited to the information created or received by Associate from or on behalf of Agency.
- h. **Security Incident** means any known successful or unsuccessful attempt by an authorized or unauthorized individual to inappropriately use, disclose, modify, access, or destroy any information or interference with system operations in an information system.
- i. **Security Rule** means the Security Standards for the Protection of Electronic Protected Health Information found at 45 CFR Parts 160 and 164.
- j. **Subcontractor** means a person to whom a business associate delegates a function, activity, or service, other than in the capacity of a member of the workforce of such business associate.

2. Permitted Uses and Disclosures.

- a. **PHI Described.** This means PHI created, received, maintained or transmitted on behalf of the Agency by the Associate. This PHI is governed by this Addendum and is limited to the minimum necessary, to complete the tasks or to provide the services associated with the terms of the original Agreement, and is described in Appendix A.
- b. **Purposes.** Except as otherwise limited in this Addendum, Associate may use or disclose the PHI on behalf of, or to provide services to, Agency for the purposes necessary to complete the tasks, or provide the services, associated with, and required by the terms of the original Agreement, or as required by law, if such use or disclosure of the PHI would not violate the Privacy or Security Rules or applicable state law if done by Agency or Associate, or violate the minimum necessary and related Privacy and Security policies and procedures of the Agency. The Associate is directly liable under HIPAA for impermissible uses and disclosures of the PHI it handles on behalf of Agency.
- c. **Further Uses and Disclosures.** Except as otherwise limited in this Addendum, the Associate may disclose PHI to third parties for the purpose of its own proper management and administration, or as required by law, provided that (i) the disclosure is required by law, or (ii) the Associate has obtained from the third party reasonable assurances that the PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party by the Associate; and, (iii) an agreement to notify the Associate and Agency of any instances of which it (the third party) is aware in which the confidentiality of the information has been breached. To the extent practical, the information should be in a limited data set or the minimum necessary information pursuant to 45 CFR § 164.502, or take other measures as necessary to satisfy the Agency's obligations under 45 CFR § 164.502.

3. Obligations of Associate.

- a. **Stated Purposes Only.** The PHI may not be used by the Associate for any purpose other than as stated in this Addendum or as required or permitted by law.
- b. **Limited Disclosure.** The PHI is confidential and will not be disclosed by the Associate other than as stated in this Addendum or as required or permitted by law. Associate is prohibited from directly or indirectly receiving any remuneration in exchange for an individual's PHI unless Agency gives written approval and the individual provides a valid authorization. Associate will refrain from marketing activities that would violate HIPAA, including specifically Section 13406 of the HITECH Act. Associate will report to Agency any use or disclosure of the PHI, including any Security Incident not provided for by this Agreement of which it becomes aware.
- c. **Safeguards.** The Associate will use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of the PHI, except as provided for in this Addendum. This shall include, but not be limited to:
 - i. Limitation of the groups of its workforce and agents, to whom the PHI is disclosed to those reasonably required to accomplish the purposes stated in this Addendum, and the use and disclosure of the minimum PHI necessary or a Limited Data Set;
 - ii. Appropriate notification and training of its workforce and agents in order to protect the PHI from unauthorized use and disclosure;
 - iii. Maintenance of a comprehensive, reasonable and appropriate written PHI privacy and security program that includes administrative, technical and physical safeguards appropriate to the size, nature, scope and complexity of the Associate's operations, in compliance with the Security Rule;
 - iv. In accordance with 45 CFR §§ 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information.
- d. **Compliance With Law.** The Associate will not use or disclose the PHI in a manner in violation of existing law and specifically not in violation of laws relating to confidentiality of PHI, including but not limited to, the Privacy and Security Rules.
- e. **Mitigation.** Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Associate of a use or disclosure of the PHI by Associate in violation of the requirements of this Addendum, and report its mitigation activity back to the Agency.

f. **Support of Individual Rights.**

- i. **Access to PHI.** Associate shall make the PHI maintained by Associate or its agents or subcontractors in Designated Record Sets available to Agency for inspection and copying, and in electronic format, if requested, within ten (10) days of a request by Agency to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.524 and consistent with Section 13405 of the HITECH Act.
- ii. **Amendment of PHI.** Within ten (10) days of receipt of a request from Agency for an amendment of the PHI or a record about an individual contained in a Designated Record Set, Associate or its agents or subcontractors shall make such PHI available to Agency for amendment and incorporate any such amendment to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.526.
- iii. **Accounting Rights.** Within ten (10) days of notice of a request for an accounting of disclosures of the PHI, Associate and its agents or subcontractors shall make available to Agency the documentation required to provide an accounting of disclosures to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR §164.528 and consistent with Section 13405 of the HITECH Act. Associate agrees to document disclosures of the PHI and information related to such disclosures as would be required for Agency to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528. This should include a process that allows for an accounting to be collected and maintained by Associate and its agents or subcontractors for at least six (6) years from the date of disclosure, or longer if required by state law. At a minimum, such documentation shall include:
 - the date of disclosure;
 - the name of the entity or person who received the PHI, and if known, the address of the entity or person;
 - a brief description of the PHI disclosed; and
 - a brief statement of purposes of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure.
- iv. **Request for Restriction.** Under the direction of the Agency, abide by any individual's request to restrict the disclosure of PHI, consistent with the requirements of Section 13405 of the HITECH Act and 45 CFR § 164.522, when the Agency determines to do so (except as required by law) and if the disclosure is to a health plan for payment or health care operations and it pertains to a health care item or service for which the health care provider was paid in full "out-of-pocket."
- v. **Immediate Discontinuance of Use or Disclosure.** The Associate will immediately discontinue use or disclosure of Agency PHI pertaining to any individual when so requested by Agency. This includes, but is not limited to, cases in which an individual has withdrawn or modified an authorization to use or disclose PHI.

- g. **Retention of PHI.** Notwithstanding section 4.a. of this Addendum, Associate and its subcontractors or agents shall retain all PHI pursuant to state and federal law and shall continue to maintain the PHI required under Section 3.f. of this Addendum for a period of six (6) years after termination of the Agreement, or longer if required under state law.
- h. **Agent's, Subcontractor's Compliance.** The Associate shall notify the Agency of all subcontracts and agreements relating to the Agreement, where the subcontractor or agent receives PHI as described in section 2.a. of this Addendum. Such notification shall occur within 30 (thirty) calendar days of the execution of the subcontract and shall be delivered to the Agency Procurement Officer. The Associate will ensure that any of its subcontractors, to whom it provides any of the PHI it receives hereunder, or to whom it provides any PHI which the Associate creates or receives on behalf of the Agency, agree to the restrictions and conditions which apply to the Associate hereunder. The Agency may request copies of downstream subcontracts and agreements to determine whether all restrictions, terms and conditions have been flowed down. Failure to ensure that downstream contracts, subcontracts and agreements contain the required restrictions, terms and conditions may result in termination of the Agreement.
- j. **Federal and Agency Access.** The Associate shall make its internal practices, books, and records relating to the use and disclosure of PHI, as well as the PHI, received from, or created or received by the Associate on behalf of the Agency available to the U.S. Secretary of Health and Human Services consistent with 45 CFR § 164.504. The Associate shall also make these records available to Agency, or Agency's contractor, for periodic audit of Associate's compliance with the Privacy and Security Rules. Upon Agency's request, the Associate shall provide proof of compliance with HIPAA and HITECH data privacy/protection guidelines, certification of a secure network and other assurance relative to compliance with the Privacy and Security Rules. This section shall also apply to Associate's subcontractors, if any.
- k. **Security.** The Associate shall take all steps necessary to ensure the continuous security of all PHI and data systems containing PHI. In addition, compliance with 74 FR 19006 Guidance Specifying the Technologies and Methodologies That Render PHI Unusable, Unreadable, or Indecipherable to Unauthorized Individuals for Purposes of the Breach Notification Requirements under Section 13402 of Title XIII is required, to the extent practicable. If Associate chooses not to adopt such methodologies as defined in 74 FR 19006 to secure the PHI governed by this Addendum, it must submit such written rationale, including its Security Risk Analysis, to the Agency Procurement Officer for review prior to the execution of the Addendum. This review may take up to ten (10) days.
- l. **Notification of Breach.** During the term of this Addendum, the Associate shall notify the Agency and, unless otherwise directed by the Agency in writing, the WV Office of Technology immediately by e-mail or web form upon the discovery of any Breach of unsecured PHI; or within 24 hours by e-mail or web form of any suspected Security Incident, intrusion or unauthorized use or disclosure of PHI in violation of this Agreement and this Addendum, or potential loss of confidential data affecting this Agreement. Notification shall be provided to the Agency Procurement Officer at www.state.wv.us/admin/purchase/vrc/agencyli.htm and,

unless otherwise directed by the Agency in writing, the Office of Technology at incident@wv.gov or <https://apps.wv.gov/ot/ir/Default.aspx>.

The Associate shall immediately investigate such Security Incident, Breach, or unauthorized use or disclosure of PHI or confidential data. Within 72 hours of the discovery, the Associate shall notify the Agency Procurement Officer, and, unless otherwise directed by the Agency in writing, the Office of Technology of: (a) Date of discovery; (b) What data elements were involved and the extent of the data involved in the Breach; (c) A description of the unauthorized persons known or reasonably believed to have improperly used or disclosed PHI or confidential data; (d) A description of where the PHI or confidential data is believed to have been improperly transmitted, sent, or utilized; (e) A description of the probable causes of the improper use or disclosure; and (f) Whether any federal or state laws requiring individual notifications of Breaches are triggered.

Agency will coordinate with Associate to determine additional specific actions that will be required of the Associate for mitigation of the Breach, which may include notification to the individual or other authorities.

All associated costs shall be borne by the Associate. This may include, but not be limited to costs associated with notifying affected individuals.

If the Associate enters into a subcontract relating to the Agreement where the subcontractor or agent receives PHI as described in section 2.a. of this Addendum, all such subcontracts or downstream agreements shall contain the same incident notification requirements as contained herein, with reporting directly to the Agency Procurement Officer. Failure to include such requirement in any subcontract or agreement may result in the Agency's termination of the Agreement.

- m. **Assistance in Litigation or Administrative Proceedings.** The Associate shall make itself and any subcontractors, workforce or agents assisting Associate in the performance of its obligations under this Agreement, available to the Agency at no cost to the Agency to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against the Agency, its officers or employees based upon claimed violations of HIPAA, the HIPAA regulations or other laws relating to security and privacy, which involves inaction or actions by the Associate, except where Associate or its subcontractor, workforce or agent is a named as an adverse party.

4. Addendum Administration.

- a. **Term.** This Addendum shall terminate on termination of the underlying Agreement or on the date the Agency terminates for cause as authorized in paragraph (c) of this Section, whichever is sooner.
- b. **Duties at Termination.** Upon any termination of the underlying Agreement, the Associate shall return or destroy, at the Agency's option, all PHI received from, or created or received by the Associate on behalf of the Agency that the Associate still maintains in any form and retain no copies of such PHI or, if such return or destruction is not feasible, the Associate shall extend the protections of this Addendum to the PHI and limit further uses and disclosures to the purposes that make the return or destruction of the PHI infeasible. This shall also apply to all agents and subcontractors of Associate. The duty of the Associate and its agents

and subcontractors to assist the Agency with any HIPAA required accounting of disclosures survives the termination of the underlying Agreement.

- c. **Termination for Cause.** Associate authorizes termination of this Agreement by Agency, if Agency determines Associate has violated a material term of the Agreement. Agency may, at its sole discretion, allow Associate a reasonable period of time to cure the material breach before termination.
- d. **Judicial or Administrative Proceedings.** The Agency may terminate this Agreement if the Associate is found guilty of a criminal violation of HIPAA. The Agency may terminate this Agreement if a finding or stipulation that the Associate has violated any standard or requirement of HIPAA/HITECH, or other security or privacy laws is made in any administrative or civil proceeding in which the Associate is a party or has been joined. Associate shall be subject to prosecution by the Department of Justice for violations of HIPAA/HITECH and shall be responsible for any and all costs associated with prosecution.
- e. **Survival.** The respective rights and obligations of Associate under this Addendum shall survive the termination of the underlying Agreement.

5. General Provisions/Ownership of PHI.

- a. **Retention of Ownership.** Ownership of the PHI resides with the Agency and is to be returned on demand or destroyed at the Agency's option, at any time, and subject to the restrictions found within section 4.b. above.
- b. **Secondary PHI.** Any data or PHI generated from the PHI disclosed hereunder which would permit identification of an individual must be held confidential and is also the property of Agency.
- c. **Electronic Transmission.** Except as permitted by law or this Addendum, the PHI or any data generated from the PHI which would permit identification of an individual must not be transmitted to another party by electronic or other means for additional uses or disclosures not authorized by this Addendum or to another contractor, or allied agency, or affiliate without prior written approval of Agency.
- d. **No Sales.** Reports or data containing the PHI may not be sold without Agency's or the affected individual's written consent.
- e. **No Third-Party Beneficiaries.** Nothing express or implied in this Addendum is intended to confer, nor shall anything herein confer, upon any person other than Agency, Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.
- f. **Interpretation.** The provisions of this Addendum shall prevail over any provisions in the Agreement that may conflict or appear inconsistent with any provisions in this Addendum. The interpretation of this Addendum shall be made under the laws of the state of West Virginia.
- g. **Amendment.** The parties agree that to the extent necessary to comply with applicable law they will agree to further amend this Addendum.
- h. **Additional Terms and Conditions.** Additional discretionary terms may be included in the release order or change order process.

AGREED:

Name of Agency: _____

Signature: _____

Title: _____

Date: _____

National Data Services, Inc.
dba Diamond Communications Solutions
an OSC Company

Name of Associate: _____

Signature: W. D. Moore

Title: Vice President, Major Accounts

Date: 06/07/2024

Form - WVBA-012004
Amended 06.26.2013

APPROVED AS TO FORM THIS 26th
DAY OF Jun 20 24
BY Patrick Morrissey
Attorney General

Appendix A

(To be completed by the Agency's Procurement Officer prior to the execution of the Addendum, and shall be made a part of the Addendum. PHI not identified prior to execution of the Addendum may only be added by amending Appendix A and the Addendum, via Change Order.)

Name of Associate:

National Data Services, Inc dba Demand Communications Solutions an OSG Company

Name of Agency:

Describe the PHI (do not include any actual PHI). If not applicable, please indicate the same.

Appendix A

*National Data Services, Inc.
dba Data and Communications
Solutions, an OSE Company*
Name of Associate: _____ hereafter referred to as the
Print Vendor

Name of Covered Entity Agency(ies): The West Virginia Public Employees Insurance Agency (PEIA), ACCESS West Virginia (the Office of the West Virginia Insurance Commissioner – ACCESS WV), and the West Virginia Children's Health Insurance Program (WV CHIP)

Describe the PHI. If not applicable please indicate the same.

Per 45 CFR, Part 160.103

Health information means any information, whether oral or recorded in any form or medium, that:

- (1) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and
- (2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

Individually identifiable health information is information that is a subset of health information, including demographic information collected from an individual, and:

- (1) Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
- (2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and
 - (i) That identifies the individual; or
 - (ii) With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

Protected health information means individually identifiable health information:

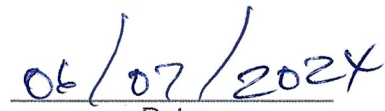
- (1) Except as provided in paragraph (2) of this definition, that is:
 - (i) Transmitted by electronic media;
 - (ii) Maintained in electronic media; or
 - (iii) Transmitted or maintained in any other form or medium.

The information provided to the Business Associate, pursuant to the Agreement for the purpose(s) of providing printing services and management to the Plan(s) will include the minimum necessary to perform the services thereunder and will specifically include, but may not be limited to:

- a) PEIA member/policy holder name(s) and address(es) needed to print and mail Plan document(s) and/or communication(s) pieces.
- b) PEIA member/dependent name(s) and address(es) needed to print and mail Plan document(s), Plan Information, post cards, confirmation letters, and/or other communication(s) pieces on an as needed basis.
- c) PEIA policy member and/or dependent policy numbers that will be converted into a bar code format and/or other cipher format for use in bar coding and/or optical character recognition required print job(s).
- d) Such member name(s) and/or address(es) may be attached to specific situations, and/or certain medical condition(s), and/or attached to participation in certain wellness and/or health promotion activities, e.g. communication(s) pieces such as, but not necessarily limited to: diabetes, weight management, eligibility, retirement, prescription benefits, etc.



Printing Vendor Representative



Date

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

(Printed Name and Title) David Moore, Vice President Major Accounts

(Address) 900 Kimberly Drive, Carol Stream, IL 60188

(Phone Number) / (Fax Number) 614-565-0022

(email address) dave.moore@osgconnect.com

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; that I am authorized by the Vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on Vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

National Data Services dba Diamond Communications Solutions an OSG Company

(Company)

(Signature of Authorized Representative)

David Moore, Vice President Major Account

June 7, 2024

(Printed Name and Title of Authorized Representative) (Date)

614-504-7757 (Office); 614-565-0022 Mobile)

(Phone Number) (Fax Number)

dave.moore@osgconnect.com

(Email Address)

REQUEST FOR QUOTATION
Printing/Mailing
CRFQ PEI2400000001

9.3 Reports: Vendor shall provide quarterly reports and annual summaries to the Agency showing the Agency's items purchased, quantities of items purchased, and total dollar value of the items purchased. Vendor shall also provide reports, upon request, showing the items purchased during the term of this Contract, the quantity purchased for each of those items, and the total value of purchases for each of those items. Failure to supply such reports may be grounds for cancellation of this Contract.

9.4 Contract Manager: During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: David Moore
Telephone Number: (614) 504-7757
Fax Number: N/A
Email Address: dave.moore@osgconnect.com