



**REQUEST FOR PROPOSAL FOR ANCILLARY GROUP INSURANCE**  
**(DENTAL, VISION, BASIC LIFE, VOLUNTARY LIFE, SHORT-TERM DISABILITY**  
**AND LONG-TERM DISABILITY AND SUPPLEMENTAL**  
**RFP# 23-100**

**ADDENDUM 3**

Make sure you are checking the website for additional information at  
<https://www.hamiltoncountyfl.com>

Hamilton County Board of County Commissioners is requesting four tier rates for both Group Dental & Vision. Please provide proposals reflecting such rate structures.