# Attachment A

# Solicitation Number: 122435 O5

# INTENT TO PROPOSE

|  |  |
| --- | --- |
| **Date:** |  |
| **To:** | Monica Casarez, Segal ([mcasarez@segalco.com](mailto:mcasarez@segalco.com)) |
| **From:** |  |
|  | Name and Title |
| **Re:** | State of Nebraska – Administrative Support Services for the State of Nebraska Employee Health Care Medical Benefit Plans – RFP # 122435 O5 |

|  |  |
| --- | --- |
| **Non-Disclosure Agreement** | |
| Authorized signer  Name and Title: |  |
| Email: |  |
| Phone: |  |
| Company Name: |  |
| Company Address: |  |
|  |  |
|  |  |
| **Designated contact to receive secure data for this RFP** | |
| Name and Title: |  |
| Email: |  |
| Phone |  |

In order that the State of Nebraska may assess potential vendor interest,

please indicate Yes or No below and return to [mcasarez@segalco.com](mailto:mcasarez@segalco.com). Thank you.

|  |  |  |
| --- | --- | --- |
| **Our company intends to propose:** | **Yes/No** | **If No, reason for declining:** |
| Administrative Support Services for the State of Nebraska Employee Health Care Medical Benefit Plans – RFP # 122435 O5 |  |  |

Declining to respond will not eliminate the vendor from future consideration for jobs with the State of Nebraska.