

Bexar Appraisal District  
411 N. Frio  
San Antonio, Texas 78207  
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**ADDENDUM # 3**

Group Medical Insurance  
Group Basic Life/AD&D Insurance  
Group Long Term Disability Insurance

Addenda: The undersigned hereby acknowledges receipt of the following addendum to the Request for Proposal.

**1 Please provide Medicare Primary information for the two Large ESRD claims.**

Top Utilizers over \$15,000

Subscriber Number	Gender	DOB	Primary DX Code	Primary DX Description	Total Payments	
00082538	F	10/11/1970	N185	Chronic kidney disease, stage 5	\$134,108.56	<b>Termed 5/1/2022</b>
00082617	M	11/15/1975	N186	End stage renal disease	\$236,104.58	<b>End Date for ESRD Coordination is 7/1/2023</b>

**2 Does BAD currently use a benefits administration platform for enrollment?**

No.

**3 Is Notarysignature required on House Bill 89 Verification Form?**

No.

\_\_\_\_\_  
Name of Bidder

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

**Addendum must be signed and submitted with formal proposal.**