Bexar Central Appraisal District
411 N. Frio
San Antonio, Texas 78207
T. 210.242.2403 F. 210.242.2451

ADDENDUM #1
Group Medical Insurance
Group Dental Insurance

8/13/2026

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

1. Attached are the updated (July 2026) BCBSTx reports.

Company Name

Signature

Print Name

Date