

Attachment G: Notice of Intent to Submit a Proposal

_____ informs the Florida Department of Management Services of its
Enter Legal Name of Respondent

intent to respond to the solicitation titled RFP No. [DMS-18/19-054] for Fully-Insured Medicare Advantage and Prescription Drug Plan(s).

Complete ALL Information Below

Name of Authorized Representative: _____

Title of Authorized Representative: _____

Signature of Authorized Representative: _____

Date: _____
Date of Signature

Address: _____
Enter Street or PO Address for Delivery of Attachments D and E

Enter City, State and ZIP Code for Delivery of Attachments D and E

Telephone No: (____) ____ - ____

E-mail Address: _____