

VENDOR INSURANCE VALIDATION FORM

Edinburg CISD will release requested Census Information, Run Loss Reports, Product Counts after vendor validation. Please complete and e-mail, **this page only**, to Dustin Garza, Insurance Manager – dustin.garza@ecisd.us, Amaro Tijerina, Purchasing Director - a.tijerina@ecisd.us and ClauDina E. Longoria, Senior Buyer - d.longoria@ecisd.us. All other proposal documents must be enclosed in a sealed envelope and either mailed or hand delivered to the Purchasing Department.

This form will also serve as being added to the vendor list in order to receive addendums or updates regarding this proposal. It is the intent of the Purchasing Department to ensure that all interested vendors receive addendums or updates, but it will be the vendor's responsibility to check with the Purchasing Department periodically.

COMPANY NAME: _____

REPRESENTATIVE: _____

TITLE: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

WORK PHONE: _____ **FAX:** _____

EMAIL: _____

TDI #: _____

Please indicate which insurance products/services you will be submitting a proposal for:

- | | |
|---|---|
| <input type="checkbox"/> Benefit Administration System | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Accident | <input type="checkbox"/> Group Term Life/AD&D |
| <input type="checkbox"/> Hospital Indemnity/Medical Gap | <input type="checkbox"/> Supplemental Group Term Life/AD&D |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Voluntary Permanent Life |
| <input type="checkbox"/> Critical Illness | <input type="checkbox"/> Section 125 Third Party Administrator Services |
| <input type="checkbox"/> Educator Disability | <input type="checkbox"/> Open Enrollment Services |