

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE PAGE OF PAGES
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2. AMENDMENT/MODIFICATION NO. A004
3. EFFECTIVE DATE 05-16-2013
4. REQUISITION/PURCHASE REQ. NO.
5. PROJECT NO. (If applicable)

6. ISSUED BY CODE
American Embassy, Lima
Contracting Office (GSO)
Av. Lima Polo Cdra. 2, Monterrico
Surco
Lima
7. ADMINISTERED BY (If other than Item 6) CODE

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)
9A. AMENDMENT OF SOLICITATION NO. SPE50013R0003
9B. DATED (SEE ITEM 11) 04-11-2013
10A. MODIFICATION OF CONTRACT/ORDER NO.
10B. DATED (SEE ITEM 13)
CODE FACILITY CODE

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended, is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:
(a) By completing items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment your desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor is not, is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

The purpose of this amendment is to reflect changes under original RFP No. SPE50013R0003 and previous amendments as stated on the attached continuation sheets.

(Cont.)

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)
16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Ann Greenberg
15B. CONTRACTOR/OFFEROR
15C. DATE SIGNED
16B. UNITED STATES OF AMERICA
16C. DATE SIGNED 5/16/13
(Signature of person authorized to sign) (Signature of Contracting Officer)

1. Replaces entirely Sections B.2.1, B.2.2, B.2.3, B.2.4 and B.2.5 with the following to update the number of insured:

B.2.1. BASE YEAR OF CONTRACT:

	(a) No. of Insured (State/AID)	(b) Bi-weekly Premium per Employee	Total (a x b) in Peruvian Soles
Single employee	153	S/._____	S/._____
Employee + 1 dependent	155 (titleholders)	S/._____	S/._____
Employee + 2 dependents	93 (titleholders)	S/._____	S/._____
Employee + 3 or more dependents	109 (titleholders)	S/._____	S/._____
Dependents over 18 years (each)	221 (insured)	S/._____	S/._____
Parents (each)	113 (insured)	S/._____	S/._____
Subtotal			S/._____
18% IGV			S/._____
Total Price for Base Year (Subtotal plus IGV x 26):			S/._____

B.2.2. FIRST OPTION YEAR OF THE CONTRACT:

	(a) No. of Insured (State/AID)	(b) Bi-weekly Premium per Employee	Total (a x b) in Peruvian Soles
Single employee	153	S/._____	S/._____
Employee + 1 dependent	155 (titleholders)	S/._____	S/._____
Employee + 2 dependents	93 (titleholders)	S/._____	S/._____
Employee + 3 or more dependents	109 (titleholders)	S/._____	S/._____
Dependents over 18 years (each)	221 (insured)	S/._____	S/._____
Parents (each)	113 (insured)	S/._____	S/._____
Subtotal			S/._____
18% IGV			S/._____
Total Price for 1 st Option Year (Subtotal plus IGV x 26):			S/._____

B.2.3. SECOND OPTION YEAR OF THE CONTRACT:

	(a) No. of Insured (State/AID)	(b) Bi-weekly Premium per Employee	Total (a x b) in Peruvian Soles
Single employee	153	S/. _____	S/. _____
Employee + 1 dependent	155 (titleholders)	S/. _____	S/. _____
Employee + 2 dependents	93 (titleholders)	S/. _____	S/. _____
Employee + 3 or more dependents	109 (titleholders)	S/. _____	S/. _____
Dependents over 18 years (each)	221 (insured)	S/. _____	S/. _____
Parents (each)	113 (insured)	S/. _____	S/. _____
Subtotal			S/. _____
18% IGV			S/. _____
Total Price for 2 nd Option Year (Subtotal plus IGV x 26):			S/. _____

B.2.4. THIRD OPTION YEAR OF THE CONTRACT:

	(a) No. of Insured (State/AID)	(b) Bi-weekly Premium per Employee	Total (a x b) in Peruvian Soles
Single employee	153	S/. _____	S/. _____
Employee + 1 dependent	155 (titleholders)	S/. _____	S/. _____
Employee + 2 dependents	93 (titleholders)	S/. _____	S/. _____
Employee + 3 or more dependents	109 (titleholders)	S/. _____	S/. _____
Dependents over 18 years (each)	221 (insured)	S/. _____	S/. _____
Parents (each)	113 (insured)	S/. _____	S/. _____
Subtotal			S/. _____
18% IGV			S/. _____
Total Price for 3 rd Option Year (Subtotal plus IGV x 26):			S/. _____

B.2.5. FOURTH OPTION YEAR OF THE CONTRACT:

	(a) No. of Insured (State/AID)	(b) Bi-weekly Premium per Employee	Total (a x b) in Peruvian Soles
Single employee	153	S/._____	S/._____
Employee + 1 dependent	155 (titleholders)	S/._____	S/._____
Employee + 2 dependents	93 (titleholders)	S/._____	S/._____
Employee + 3 or more dependents	109 (titleholders)	S/._____	S/._____
Dependents over 18 years (each)	221 (insured)	S/._____	S/._____
Parents (each)	113 (insured)	S/._____	S/._____
 Subtotal			S/._____
18% IGV			S/._____
 Total Price for 4 th Option Year (Subtotal plus IGV x 26):			S/._____

2. **Replaces Exhibit C** – Peace Corps Statistics with the following:

EXHIBIT C
PEACE COPRS RIDER
STATISTICS

	No. of Insured
Single employee	12
Employee + 1 dependent	9
Employee + 2 dependents	5
Employee + 3 or more dependents	12
Parents (each)	1

3. **Replaces Exhibit D** – Retirees Statistics with the following:

EXHIBIT D
RETIREES RIDER
STATISTICS

	No. of Insured
Single Retiree	26
Retiree + 1 dependent	15