

1. Contract Number DCHBX-2016-C-0022		2. Effective Date SEE BLOCK 20C		3. Requisition/Purchase Request/Project No. Page 1 of 10	
4. Name and Address of Contractor: Immediate Mailing Services, Inc. 245 Commerce Blvd Liverpool, NY 13088 Tel: [REDACTED] Email: [REDACTED]			5. Delivery Address: DC Health Benefit Exchange Authority 1225 I Street, NW 4th Floor Washington, DC 20005		
7. Reserved for future use			6. Contractor shall submit all invoices to: Agency Fiscal Officer Health Benefit Exchange Authority 1225 I Street, NW 4th Floor Washington, DC 20005		
8. Accounting and Appropriation Data					
9A. Item	9B. Supplies/Services:	9C. Quantity	9D. Unit	9E. Unit Price	9F. Total
	SEE SECTION B- PRICE SCHEDULE				NTE \$250,000.00
Contracting Officer will Complete Item 10 or 11 as Applicable: Item 10 is Applicable					
10. CONTRACTOR'S NEGOTIATED AGREEMENT (Contractor is required to sign this document and return copies to issuing office.) Contractor agrees to furnish and deliver all items or perform all the services set forth or otherwise identified above and on any continuation sheets for the consideration stated herein. The rights and obligations of the parties to this contract shall be subject to and governed by the following documents: (a) this award/contract, (b) the solicitation, if any, and (c) such provisions, representations, certifications, and specifications, as are attached or incorporated by reference herein. (Attachments are listed herein.)			11. AWARD (Contractor is not required to sign this document.) Your offer on Solicitation Number including the additions or changes made by you which additions or changes are set forth in full above is hereby accepted as to the items listed above and on any continuation sheets. This award consummates the contract which consists of the following documents: (a) The Government's solicitation and your offer, and (b) this award/contract. No further contractual document is necessary.		
12A. Name and Title of Signer (Type or print) Mark Vanderpool Director of Business Development			13A. Name of Contracting Officer Franklin Austin		
12B. [REDACTED] (Authorized Representative's Signature)		12C. Date 11/15/16	13B. District of Columbia [REDACTED] (Contracting Officer's Signature)		13C. Date 11/15/16

SECTION B

CONTRACT TYPE, SUPPLIES OR SERVICES AND PRICE/COST

- B.1.1** The District of Columbia Health Benefit Exchange Authority (HBX) – the agency that administers DC Health Link— awards a contract to Immediate Mailing Services, Inc. (IMS) to print and mail notices and other documents to employers and consumers related to health insurance in various languages. DC Health Link is the District of Columbia's online health insurance marketplace program established under the Patient Protection and Affordable Care Act (ACA).


B.2 INDEFINITE DELIVERY – INDEFINITE QUANTITY (IDIQ) CONTRACT

This is an IDIQ contract for supplies or services specified, and effective for the period stated.

- B.2.1** The Contractor shall furnish to HBX, when and if ordered, the services specified in this contract up to and including to the maximum amount.
- B.2.2** There is no limit on the number of orders that may be issued. HBX may issue orders requiring delivery to multiple destinations or performance at multiple locations. The minimum order amount for the Base Period and each Option Period under this contract is \$500.00. HBX is not obligated to order any products, goods, commodities or services beyond the stated minimum amount. The maximum contract ceiling amount is \$250,000.00. The cumulative total of all task orders/purchase orders issued against this contract shall not exceed the total contract amount of \$250,000.00.
- B.2.3** Any task orders issued during the effective period of this contract and not completed within the period shall be completed by IMS within the time specified in the task order. The task order shall be completed by IMS and HBX's rights and obligations with respect to the task order exist to the same extent as if the order were completed during the contract's effective period; provided that IMS shall not be required to make any deliveries under this contract after completion of all services needed in accordance with the scope, and provided that the referral was made during the effective period of the contract.

B.3.1 Base Period

B.3.2 Option Year One

CLIN	Item Description	Estimated Annual quantity	Price per page 1 sided	Price per page 2 sided	Price per copy 1-3 pages double sided	Price per copy 1-8 pages double sided	Postage up to 8 pages
1001	Various Consumer Notices Black and white 8.5"x 11", 20lb white Black and White Logo (See Attachment A)	300,000					
Not to Exceed							\$250,000.00

B.3.4 Option Year Three

B.3.5 Option Year Four

CLIN	Item Description	Estimated Annual quantity	Price per page 1 sided	Price per page 2 sided	Price per copy 1-3 pages double sided	Price per copy 1-8 pages double sided	Postage up to 8 pages
4001	Various Consumer Notices Black and white 8.5"x 11", 20lb white Black and White Logo (See Attachment A)	300,000					
Not to Exceed			\$250,000.00				

SECTION C
SPECIFICATIONS/WORK STATEMENT

C.1 SCOPE

C.1.1 The DC Health Benefit Exchange Authority (HBX) awards a contract to IMS to print and mail notices and other documents to consumers and businesses related to health insurance in various languages. The DC Health Link system uses software that generates notices in PDF format for both its individual and Small Business Health Options Program (SHOP) markets.

C.2 REQUIREMENTS

C.2.1 IMS shall use Secure File Transfer Protocol (SFTP) server and provide HBX with appropriate access. Unless HBX determines in writing that another FTP system shall be used, notices will be transmitted to IMS electronically through the FTP server or similar file transfer method approved by HBX for merging, printing, and mailing to the consumer.

C.2.2 IMS shall retrieve notices on a nightly basis, Monday through Friday after 10:00 PM and shall prepare and mail the notices to the relevant consumer or employer by 3:00 PM the next business day.

C.2.3 IMS shall mail notices based on approximately fifty (50) separate consumer notice templates (See Attachment A) detailing different types of application, eligibility, and enrollment information. These notices can range from 5-7 double-sided pages in length and total approximately 65,000 separate pieces of mail per year.

C.2.4 IMS shall mail notices based on approximately fifty (50) separate consumer notice templates that are cost allocated between two different agencies- D.C Health Benefit Exchange Authority (HBX) and the DC Department of Human Services (DHS) detailing different types of application, eligibility, and enrollment information. These notices can range from 5-7 double-sided pages in length and total approximately 90,000 separate pieces of mail per year (See Attachment A). HBX, in coordination with IMS, will assign a unique identifier to each notice that delineates the specific cost allocation. IMS must use the approved identifier when submitting these invoices to HBX.

C.2.5 IMS shall mail notices based on twenty (20) notice templates (generally in September, October, and December) for annual coverage renewals (total of approximately 25,000 pieces of mail in each of these monthly mailings. These notices range from 6-8 double-sided pages in length) (See Attachment A).

C.2.6 IMS shall mail notices based on one (1) 1095-A notice template at the end of January that includes important consumer tax information (total of approximately 25,000 pieces of mail. Notices are approximately 3 double-sided pages in length). In addition, we expect approximately 600 notice corrections to be printed after the initial mailing. These would each be approximately 3 double-sided pages in length (See Attachment A).

C.2.7 IMS shall mail monthly invoices to small business employers who offer coverage to employees through DC Health Link's SHOP (on average 1,500 invoices/pieces of mail per month as of October, 2016, but growing to approximately 5,000 invoices/pieces of mail per month by October, 2017). Invoices are approximately 4-8 double-sided pages in length (See Attachment A).

- C.2.8 IMS shall mail monthly late notices to small business employers who offer coverage to employees through DC Health Link's SHOP (on average 500 notices/pieces of mail per month as of October, 2016 but growing to approximately 1,000 notices/pieces of mail per month by October, 2017). Late notices are approximately 2 double sided pages in length.
- C.2.9 IMS shall mail notices for termination due to non-payment to employers, employees. (Total of approximately 250 pieces of mail per year). Notices are approximately 1 double-sided page in length (See Attachment A).
- C.2.10 IMS shall mail voter registration notices totaling approximately 10,000 pieces of mail per year. Voter registration notices are approximately 3 double-sided pages in length and mailings would occur either on a monthly or quarterly basis, as determined by HBX (See Attachment A).
- C.2.11 IMS shall mail catastrophic coverage notices totaling approximately 900 pieces of mail per year. Catastrophic coverage notices are approximately 3 double-sided pages in length (See Attachment A).
- C.2.12 IMS shall mail employer Advance Payment of the Premium Tax Credit (APTC) notice totaling approximately 1,200 pieces of mail per year. APTC notices are approximately 4 double-sided pages in length and mailings would occur either on a monthly or quarterly basis, as determined by HBX (See Attachment A).
- C.2.13 IMS shall mail additional notices and correspondence as required by HBX, not enumerated above, including but not limited to correspondence to small business employees, and individuals and families receiving health coverage through DC Health Link.
- C.2.14 IMS shall ensure sufficient postage is included with each mailing.
- C.2.15 IMS shall differentiate the specific cost allocation of each notice on all invoices and reports that are submitted by IMS to HBX. HBX, in coordination with IMS, will assign a unique identifier to each notice that will ensure that the correct stakeholder responsible for payment is identified. IMS must use the approved identifier when submitting these invoices to HBX. IMS shall separate the cost-allocation and attribute the appropriate cost to each agency on each invoice, in a manner that has been approved in advance by HBX.
- C.2.16 IMS shall provide HBX with monthly reports to include the following information:
- i) Total number of notices printed per month
 - ii) Number of notices printed per month, by notice name;
 - iii) Number of notices printed per month by agency responsible for payment (HBX or DHS)
 - Other reports requested

SECTION D

PERIOD OF PERFORMANCE AND DELIVERABLES

D.1 TERM OF CONTRACT

The term of the contract shall be for one (1) year from the Date of Award specified on the cover page of the contract.

D.2 OPTION TO EXTEND THE TERM OF THE CONTRACT

D.2.1 HBX may extend the term of this contract for four (4) one-year option periods, or successive fractions thereof, by written notice to the Contractor before the expiration of the contract; provided that HBX will give the Contractor preliminary written notice of its intent to extend at least thirty (30) days before the contract expires. The preliminary notice does not commit HBX to an extension. The exercise of this option is subject to the availability of funds at the time of the exercise of this option. The Contractor may waive the thirty (30) day preliminary notice requirement by providing a written waiver to the Contracting Officer prior to expiration of the contract

D.2.2 If HBX exercises this option, the extended contract shall be considered to include this option provision.

D.2.3 The price for the option period shall be as specified in the Section B of the solicitation.

D.2.4 The total duration of this contract, including the exercise of any options under this clause, shall not exceed five (5) years.

D.3 DELIVERABLES

Section	Description of Services	Delivery Date
C.2.14	Pre-paid Postage	As Required
C.2.16	Reports	Monthly

D.3.1 IMS shall submit to HBX, as a deliverable, the report described in Section 14 of the HBX Standard Contract Provisions 2016 that is required by the 51% District Residents New Hires Requirements and First Source Employment Agreement. If IMS does not submit the report as part of the deliverables, final payment to the Contractor shall not be paid.

SECTION E

CONTRACTING OFFICER AND CONTRACT ADMINISTRATOR

E.7 CONTRACTING OFFICER (CO)

Contracts will be entered into and signed on behalf of HBX only by contracting officers. The contact information for the Contracting Officer is:

Franklin Austin
Contracting Officer
DC Health Benefit Exchange Authority
1225 "T" Street, NW, 4th Floor
Washington, DC 20005
[REDACTED]@dc.gov

E.8 AUTHORIZED CHANGES BY THE CONTRACTING OFFICER

- E.8.1 The CO is the only person authorized to approve changes in any of the requirements of this contract.
- E.8.2 IMS shall not comply with any order, directive or request that changes or modifies the requirements of this contract, unless issued in writing and signed by the CO.
- E.8.3 In the event IMS effects any change at the instruction or request of any person other than the CO, the change will be considered to have been made without authority and no adjustment will be made in the contract price to cover any cost increase incurred as a result thereof.

E.9 CONTRACT ADMINISTRATOR (CA)

- E.9.1 The CA is responsible for general administration of the contract and advising the CO as to the IMS's compliance or noncompliance with the contract. The CA has the responsibility of ensuring the work conforms to the requirements of the contract and such other responsibilities and authorities as may be specified in the contract. These include:
 - E.9.1.1 Keeping the CO fully informed of any technical or contractual difficulties encountered during the performance period and advising the CO of any potential problem areas under the contract;
 - E.9.1.2 Coordinating site entry for Contractor personnel, if applicable;
 - E.9.1.3 Reviewing invoices for completed work and recommending approval by the CO if the IMS's costs are consistent with the negotiated amounts and progress is satisfactory and commensurate with the rate of expenditure;
 - E.9.1.4 Reviewing and approving invoices for deliverables to ensure receipt of goods and services. This includes the timely processing of invoices and vouchers in accordance with the HBX payment provisions; and
 - E.9.1.5 Maintaining a file that includes all contract correspondence, modifications, records of inspections (site, data, equipment) and invoice or vouchers.

E.9.2 The address and telephone number of the CA is:

[REDACTED]
Deputy Director
Marketplace Innovation, Policy, and Operations
DC Health Benefit Exchange
[REDACTED]

[REDACTED]@dc.gov

E.9.3 The CA shall NOT have the authority to:

1. Award, agree to, or sign any contract, delivery order or task order. Only the CO shall make contractual agreements, commitments or modifications;
2. Grant deviations from or waive any of the terms and conditions of the contract;
3. Increase the dollar limit of the contract or authorize work beyond the dollar limit of the contract;
4. Authorize the expenditure of funds by the Contractor;
5. Change the period of performance; or
6. Authorize the use of District property, except as specified under the contract.

E.9.4 IMS shall be fully responsible for any changes not authorized in advance, in writing, by the CO; may be denied compensation or other relief for any additional work performed that is not so authorized; and may also be required, at no additional cost to HBX, to take all corrective action necessitated by reason of the unauthorized changes.

SECTION F

ATTACHMENTS AND OTHER TERMS AND CONDITIONS

F.1 APPLICABILITY OF STANDARD CONTRACT PROVISIONS

F.1.1 The HBX Standard Contract Provisions 2016 are incorporated as part of the contract with the following changes:

Section 4(a), Invoice Submittal, shall read as follows:

"(a) The Contractor shall submit proper invoices on a monthly basis. Invoice shall include cost allocation differentiation described in Section C.2.16 of Contract No. _____. Invoices shall be prepared and submitted to hbxinvoice@dc.gov.

"(b) To constitute a proper invoice, the Contractor shall submit the following information on the invoice:

"(1) Contractor's name, federal tax ID and invoice date (date invoices as of the date of mailing or transmittal);

"(2) Contract number and invoice number;

"(3) Description, price, quantity and the date(s) that the supplies or services were delivered or performed, including the cost allocation differentiation required under Section C.2.16;

"(4) Other supporting documentation or information, as required by the Contracting Officer;

"(5) Name, title, telephone number and complete mailing address of the responsible official to whom payment is to be sent;

"(6) Name, title, phone number of person preparing the invoice;

"(7) Name, title, phone number and mailing address of person to be notified in the event of a defective invoice; and

"(8) Authorized signature."

F.1.2 To obtain a copy of the HBXSCP 2016 go to <http://hbxdc.gov/publication/dchbx-policies-and-procedures>. Under the heading "Health Benefit Exchange Authority" click on "HBX Standard Contract Provisions March 24, 2016."

F.2 FAMILIARIZATION WITH CONDITIONS

IMS shall fully review this agreement and all attachments including the HBX Standard Contract Provisions 2016, becoming acquainted with all available information regarding this contracting including the conditions under which the work is to be accomplished. Contractors will not be relieved from assuming all responsibility for properly estimating the difficulties and the cost of performing the service

~~required herein due to their failure to investigate the conditions or to become acquainted with all~~
information, schedules and liability concerning the services to be performed.

F.3 ORDER OF PRECEDENCE

A conflict in language shall be resolved by giving precedence to the document in the highest order of priority that contains language addressing the issue in question. The following documents are incorporated into the contract by reference and made a part of the contract in the following order of precedence:

- (1) An applicable Court Order, if any
- (2) Contract document
- (3) HBX Standard Contract Provisions 2016
- (4) Contract attachments other than the Standard Contract Provisions

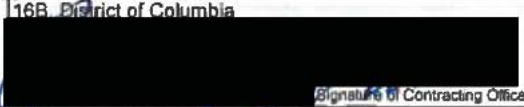
The following list of attachments is incorporated into the contract by reference.

F.2.1	HBX Standard Contract Provisions 2016
F.2.2	U.S. Department of Labor Wage Determination No.: 2015-4281, Revision No. 3, dated 4/8/2016
F.2.3	Way to Work Amendment Act of 2006 - Living Wage Notice Way to Work Amendment Act of 2006 - Living Wage Fact Sheet Agreement
F.2.4	Contractor's proposal submitted via E-Sourcing (DOC257244) dated February 18, 2016
F.2.5	Executed Bidder's Authorization is incorporated into this contract by reference See Attachment B

AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT				1. Contract Number DCHBX-2016-C-0022		Page of Pages 1 1	
2. Amendment/Modification Number M001		3. Effective Date See Block 16"C Below		4. Requisition/Purchase Request No.		5. Solicitation Caption Printing and Mailing Services	
6. Issued by: DC Health Benefit Exchange Authority 1225 I Street, N.W. 4 th Floor Washington, D.C. 20005				7. Administered by (If other than line 6) DC Health Benefit Exchange Authority 1225 I Street, N.W. 4 th Floor Washington, D.C. 20005			
8. Name and Address of Contractor (No. street, city, county, state and zip code) Immediate Mailing Services, Inc 245 Commerce Blv Liverpool, NY 13088 Tel [REDACTED] Code Facility				9A. Amendment of Solicitation No.			
				9B. Dated (See Item 11)			
				10A. Modification of Contract/Order No. DCHBX-2016-C-0022			
				10B. Dated (See Item 13) 11/15/16			
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS							
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input checked="" type="checkbox"/> 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 1 copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) BY separate letter or fax which includes a reference to the solicitation and amendment number. 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 you desire to change an offer already submitted, such may be made by letter or fax, provided each letter or telegram 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 APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS . IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14							
A. This change order is issued pursuant to (Specify Authority): 27 DCMR 3601.2 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 data etc.) set forth in item 14, pursuant to the authority of 27 DCMR, Chapter 36, Section 3601.2.							
C. This supplemental agreement is entered into pursuant to authority of:							
D. Other (Specify type of modification and authority)							
E. IMPORTANT: Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> 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.) This Modification is to delete E.9.2 in its entirety and replace as follow: <div style="margin-left: 40px;"> [REDACTED] Policy Analyst Marketplace Innovation, Policy and Operations DC Health Benefit Exchange Authority [REDACTED] (office) [REDACTED]@dc.gov </div>							
15A. Name and Title of Signer (Type or print)				16A. Name of Contracting Officer			
				Franklin Austin			
15B. Name of Contractor		15C. Date Signed		16B. District of Columbia		16C. Date Signed	
(Signature of person authorized to sign)				[REDACTED] (Signature of Contracting Officer)		11/15/16	

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. Contract Number DCHBX-2016-C-0022	Page of Pages 1 1
2. Amendment/Modification Number M001		3. Effective Date SEE BLOCK 16C		4. Requisition/Purchase Request No.	
5. Solicitation Caption Printing and Mailing Services					
6. Issued By: DC Health Benefit Exchange Authority 1225 "I" Street, NW, 4th Floor Washington, DC 20005			7. Administered By (If other than line 6)		
8. Name and Address of Contractor (No. Street, city, country, state and ZIP Code) Immediate Mailing Services, Inc. 245 Commerce BLBD Liverpool, NY 13088 Mark Vanderpool-				(X) 9A. Amendment of Solicitation No.	
				9B. Dated (See Item 11)	
				10A. Modification of Contract/Order No. DCHBX-2016-C-0022	
				10B. Dated (See Item 13) 11/15/2016	
Code		Facility			
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> 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 fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGEMENT 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 you desire to change an offer already submitted, such change may be made by letter or fax, provided each letter or telegram 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 APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14					
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					
C. This supplemental agreement is entered into pursuant to authority of:					
X D. Other (Specify type of modification and authority)					
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return 1 copies to the issuing office.					
14. Description of amendment/modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)					
This contract is hereby modified as described below: Incorporate Economic Rate Adjustment: The Contractor shall promptly notify the Contracting Officer of the amount and effective date of each decrease or increase in published USPS postal rates. Each corresponding contract unit price shall be decreased or increased by the same amount of decrease or increase, as applicable. The decrease or increase shall apply to those items delivered on and after the effective date of the decrease or increase and this contract shall be modified accordingly. All other terms and conditions shall remain the same.					
Except as provided herein, all terms and conditions of the document referenced in Item (9A or 10A) remain unchanged and in full force and effect					
15A. Name and Title of Signer (Type or print)			16A. Name of Interim Contracting Officer Nicole Matthews		
15B. Name of Contractor		15C. Date Signed		16B. District of Columbia	
(Signature of person authorized to sign)				(Signature of Interim Contracting Officer)	
				16C. Date Signed 4-25-17	

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. Contract Number DCHBX-2016-C-0022	Page of Pages 1 1
2. Amendment/Modification Number M003		3. Effective Date 1-Sep-17		4. Requisition/Purchase Request No.	
5. Solicitation Caption Printing and Mailing Services		6. Issued By: DC Health Benefit Exchange Authority 1225 "I" Street, NW, 4th Floor Washington, DC 20005			
7. Administered By (If other than line 6) DC Health Benefit Exchange Authority 1225 "I" Street, NW, 4th Floor Washington, DC 20005		8. Name and Address of Contractor (No. Street, city, country, state and ZIP Code) Immediate Mailing Services, Inc. 245 Commerce Blv Liverpool, NY 13088 Tel: [REDACTED]			
9A. Amendment of Solicitation No.		9B. Dated (See Item 11)			
10A. Modification of Contract/Order No. DCHBX-2016-C-0022		10B. Dated (See Item 13) 11/15/2016			
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> 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 fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGEMENT 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 you desire to change an offer already submitted, such change may be made by letter or fax, provided each letter or telegram 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 APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14					
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.)					
C. This supplemental agreement is entered into pursuant to authority of:					
<input checked="" type="checkbox"/> D. Other (Specify type of modification and authority) Contract Increase					
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> 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.)					
1. This modification is to delete E.9.2 in its entirety and replace as follows: <div style="margin-left: 40px;"> Case Manager DC Health Benefit Exchange Authority 1225 I Street, N.W., 4th Floor Washington, D.C. 20002 Tel: [REDACTED] [REDACTED]@dc.gov </div>					
2. Correct M001 dated 4/25/2017 to read: M002 in Item 2					
All other terms and conditions remain the same					
Except as provided herein, all terms and conditions of the document referenced in Item (9A or 10A) remain unchanged and in full force and effect					
15A. Name and Title of Signer (Type or print)			16A. Name of Contracting Officer Annie R. White		
15B. Name of Contractor		15C. Date Signed		16B. District of Columbia [REDACTED]	
(Signature of person authorized to sign)				16C. Date Signed 8/29/2017	
(Signature of Contracting Officer)					

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. Contract Number DCHBX-2016-C-0022	Page of Pages 1 / 1	
2. Amendment/Modification Number M004		3. Effective Date SEE BLOCK 16C		4. Requisition/Purchase Request No.	
5. Solicitation Caption Printing and Mailing Services		6. Issued By: DC Health Benefit Exchange Authority 1225 "I" Street, NW, 4th Floor Washington, DC 20005			
7. Administered By (If other than line 6)		8. Name and Address of Contractor (No. Street, city, country, state and ZIP Code) Immediate Mailing Services, Inc. 245 Commerce BLBD Liverpool, NY 13088 Mark Vanderpool-			
(X) 9A. Amendment of Solicitation No.		9B. Dated (See Item 11)			
10A. Modification of Contract/Order No. DCHBX-2016-C-0022		10B. Dated (See Item 13) 11/15/2016			
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> 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 fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGEMENT 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 you desire to change an offer already submitted, such change may be made by letter or fax, provided each letter or telegram 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 APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14					
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					
C. This supplemental agreement is entered into pursuant to authority of:					
X D. Other (Specify type of modification and authority) Exercise Option					
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return 1 copies to the issuing office.					
14. Description of amendment/modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.) Contract No.: DCHBX-2016-C-0022 is hereby modified as described below: 1. In accordance with Section D.2 of the contract, Option Year One (1) is hereby exercised from the period of November 15, 2017 through November 14, 2018. The total amount of this option period shall be exceed \$250,000.00					
CONTRACT RECAP:		POP		Contract Amount	
Base Period		11/15/2016- 11/14/2017		NTE \$250,000.00	
Option Year One (OY1)		11/15/2017- 11/14/2018		NTE \$250,000.00	
Total Contract Value: \$500,000.00					
Except as provided herein, all terms and conditions of the document referenced in Item (9A or 10A) remain unchanged and in full force and effect					
15A. Name and Title of Signer (Type or print)			16A. Name of Contracting Officer Annie R. White		
15B. Name of Contractor		15C. Date Signed		16B. District of Columbia	
(Signature of person authorized to sign)				16C. Date Signed 11/13/2017	
(Signature of Contracting Officer)					

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. Contract Number DCHBX-2016-C-0022	Page of Pages 1 of 1															
2. Amendment/Modification Number M005	3. Effective Date 15-Nov-18	4. Requisition/Purchase Request No.	5. Solicitation Caption Printing and Mailing Services																
6. Issued By DC Health Benefit Exchange Authority 1225 "I" Street, NW, 4th Floor Washington, DC 20005		7. Administered By (If other than line 6)																	
8. Name and Address of Contractor (No Street, city, country, state and ZIP Code) Immediate Mailing Services, Inc. 245 Commerce Blvd Liverpool, NY 13088 Mark Vanderpool Tel: [REDACTED]		(X) 9A. Amendment of Solicitation No. 9B. Dated (See Item 11) 10A. Modification of Contract/Order No. DCHBX-2016-C-0022 10B. Dated (See Item 13) 15-Nov-16																	
Code		Facility																	
The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended <input type="checkbox"/> 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 <u>1</u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGEMENT 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 you desire to change an offer already submitted, such change may be made by letter or fax, provided each letter or telegram 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 APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.																			
A. This is a change order issued pursuant to the contract. B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) C. This is a supplemental agreement to the above-numbered contract/order for negotiated equitable adjustments, to formalize a letter contract or to reflect other agreements to modify the terms of the contract. <input checked="" type="checkbox"/> D. Other (Specify type of modification and authority) Exercise of Option																			
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.																			
14. Description of amendment/modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible) Task Order No.: DCHBX-2016-C-0022 is hereby modified as described below: Option Year Two (2) is hereby exercised from the period of November 15, 2018 through November 14, 2019 in the amount that shall not exceed \$250,000.																			
<table border="0"> <tr> <td>Contract Recap:</td> <td>POP</td> <td>Contract Amount</td> </tr> <tr> <td>Base Period</td> <td>11/15/2016- 11/14/2017</td> <td>NTE \$250,000.00</td> </tr> <tr> <td>Option Year One</td> <td>11/15/2017- 11/14/2018</td> <td>NTE \$250,000.00</td> </tr> <tr> <td>Option Year Two</td> <td>11/15/2018-11/14/2019</td> <td>NTE \$250,000.00</td> </tr> <tr> <td colspan="2">Total Task Order Amount-</td> <td>\$750,000.00</td> </tr> </table>					Contract Recap:	POP	Contract Amount	Base Period	11/15/2016- 11/14/2017	NTE \$250,000.00	Option Year One	11/15/2017- 11/14/2018	NTE \$250,000.00	Option Year Two	11/15/2018-11/14/2019	NTE \$250,000.00	Total Task Order Amount-		\$750,000.00
Contract Recap:	POP	Contract Amount																	
Base Period	11/15/2016- 11/14/2017	NTE \$250,000.00																	
Option Year One	11/15/2017- 11/14/2018	NTE \$250,000.00																	
Option Year Two	11/15/2018-11/14/2019	NTE \$250,000.00																	
Total Task Order Amount-		\$750,000.00																	
Except as provided herein, all terms and conditions of the document referenced in Item (9A or 10A) remain unchanged and in full force and effect.																			
15A. Name and Title of Signer (Type or print) Warren L. Vanderpool, Jr. CEO		18A. Name of Contracting Officer (Interim) Annie R. White																	
15B. Name of Contractor [REDACTED]	15C. Date Signed 11/6/18	18B. District of Columbia [REDACTED]	16C. Date Signed 11/6/2018																
[Signature of Contractor]		[Signature of Contracting Officer]																	

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. Contract Number DCHBX-2016-C-0022		Page of Pages 1 / 1	
2. Amendment/Modification Number M006		3. Effective Date 21-Feb-19		4. Requisition/Purchase Request No.		5. Solicitation Caption Printing and Mailing Services	
6. Issued By: DC Health Benefit Exchange Authority 1225 "I" Street, NW, 4th Floor Washington, DC 20005				7. Administered By (If other than line 6)			
8. Name and Address of Contractor (No. Street, city, country, state and ZIP Code) Immediate Mailing Services, Inc. 245 Commerce Blv Liverpool, NY 13088 Tel: [REDACTED]				(X) 9A. Amendment of Solicitation No.			
				9B. Dated (See Item 11)			
				10A. Modification of Contract/Order No. DCHBX-2016-C-0022			
Code		Facility		10B. Dated (See Item 13) 15-Nov-16			
<p><input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> 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 <u>1</u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGEMENT 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 you desire to change an offer already submitted, such change may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.</p>							
12. Accounting and Appropriation Data (If Required)							
<p align="center">13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14</p>							
A. This is a change order issued pursuant to the contract.							
B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.)							
C. This is a supplemental agreement to the above-numbered contract/order for negotiated equitable adjustments, to formalize a letter contract or to reflect other agreements to modify the terms of the contract.							
X D. Other (Specify type of modification and authority) Change CA							
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.							
14. Description of amendment/modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)							
<p>This modification is to delete E.9.2 in its entirety and replace as follows:</p> <p>[REDACTED]</p> <p>Case Manager DC Health Benefit Exchange Authority 1225 I Street, N.W., 4th Floor Washington, D.C. 20002 Tel: [REDACTED] [REDACTED]@dc.gov</p>							
ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED							
Except as provided herein, all terms and conditions of the document referenced in Item (9A or 10A) remain unchanged and in full force and effect							
15A. Name and Title of Signer (Type or print)				16A. Name of Contracting Officer (Interim) Annie R. White			
15B. Name of Contractor		15C. Date Signed		16B. District of Columbia		16C. Date Signed	
(Signature of person authorized to sign)		[REDACTED]		[REDACTED]		2/21/2019	

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. Contract Number DCHBX-2016-C-0022		Page of Pages 1 1	
2. Amendment/Modification Number M007		3. Effective Date 5-Jun-17		4. Requisition/Purchase Request No.		5. Solicitation Caption Printing and Mailing Services	
6. Issued By: DC Health Benefit Exchange Authority 1225 "I" Street, NW, 4th Floor Washington, DC 20005				7. Administered By (If other than line 6)			
8. Name and Address of Contractor (No. Street, city, country, state and ZIP Code) Immediate Mailing Services, Inc. 245 Commerce BLBD Liverpool, NY 13088 Mark Vanderpool- [REDACTED]				(X) 9A. Amendment of Solicitation No.			
				9B. Dated (See Item 11)			
				10A. Modification of Contract/Order No. DCHBX-2016-C-0022			
				10B. Dated (See Item 13) 11/15/2016			
Code		Facility					
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS							
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended, <input type="checkbox"/> 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 fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGEMENT 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 you desire to change an offer already submitted, such change may be made by letter or fax, provided each letter or telegram 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 APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14							
A. This change order is issued pursuant to: (Specify Authority)							
<input checked="" type="checkbox"/> 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							
C. This supplemental agreement is entered into pursuant to authority of:							
D. Other (Specify type of modification and authority)							
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.							
14. Description of amendment/modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)							
This contract is hereby modified as described below: Change Contracting Officer information in Section E.7 to read as follows: Annie R. White Contracting Officer DC Health Benefit Exchange Authority 1225 "I" Street, NW, 4th Floor Washington, DC 20005 [REDACTED]@dc.gov [REDACTED] - Desk							
All other terms and conditions shall remain the same.							
Except as provided herein, all terms and conditions of the document referenced in Item (9A or 10A) remain unchanged and in full force and effect							
15A. Name and Title of Signer (Type or print)				16A. Name of Contracting Officer Annie R. White			
15B. Name of Contractor		15C. Date Signed		16B. District of Columbia		16C. Date Signed	
(Signature of person authorized to sign)				[REDACTED]		2/25/2019	
				(Signature of Contracting Officer)			