1. Contract Numb DCHBX-2018	800	2 Effective Date SEE BLOCK 20C	3. Rec	equisition/Purchase Request/Project No. Page 1 of 10						
4. Name and Add	ress of Co	nfractor:	5. Deli	ivery Address;						
245 Commerce E Liverpool, NY 13	mmediale Mailing Services, Inc. 45 Commerce Blvd Iverpool, NY 13088 el		122	DC Health Benefit Exchange Authority 1225 I Street, NW 4th Floor Washington, DC 20005						
mali: 6.			6. Con	tractor shall su	ovni lla fimo	ices to:				
				Agency Fiscal Officer Health Benefit Exchange Authority 1225 Street, NW 4th Floor Washington, DC 20005						
7. Reserved for future use 8. Ac				unling and Ap	propriation ()ala				
9A. Hem 99. Sup	plies/Serv	lces:		9C. Quantily	9D. Unit	9E. Unit Price	9F. Total			
		PRICE SCHEDULE					NTE \$250,000.00			
Contracting Offic	er will Co	mpleta Item 10 or 11 a	as Applica	ble: Kem 10 l	s Applicabl					
10. CONTRACTO (Contractor is requ to issuing office.)	R'S NEGO ired to sig	TIATED AGREEMENT In Ihis document and re	lurn copies	11. AWARD	(Contractor	s not required to sig	n this document.)			
the services sat for continuation sheet rights and obligation subject to and gower award/contract, (b) provisions, represe as are attached or Attachments are it	th or other for the come of the graned by to the solicit intalions, of the corporal		and on any sin. The shall be s: (a) this ch fications.	made by you hereby accepsheets. This following doc (a) The Gove	i which addit pled as to the award const aments: amments so	ons or changes are liems listed above	e additions or changes set forth in full above Is and on any continuation I which consists of the er, and (b) this ant is necessary.			
2A. Name and Tit Mark	Vand	r (Type or print)	ornen+	13A. Name o	i Contracting					
29. 12C. Da [//Othorized Repressolative's Signalum)				138, District	_	Zontrabiling Officer's Sign	13C. Dale			

Page 2 of 11

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 (IDIO) 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 \$590.00. 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 PRICE SCHEDOLE-IDIQ/Fixed Hourly Rates

TO 0 1	T3.	Th	A 7 6 8
B3.1	Hase	Per	rrod

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 I-8 pages double sided	Postage up to 8 pages
0001	Various Consumer Notices Black and white 8.5"x 11", 20ib white Black and White Logo (See Attachment A)	300,000				ar 400 W 10	
Not to E	ixceed					\$7	250,000.00

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 I I", 20th white Black and White Logo (See Attachment A)	300,000					
Not to E	exceed	4730 E-	e Ella		51,	5	250,000.0

B.3.3 Option Year Two

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
2001	Various Consumer Notices Black and white 8.5"x 11", 20lb white Black and White Logo (See Attachment	300,000			1 1 1		
Not to E	A)				1	S	250,000.00

B.3.4 Option Year Three

	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
3001	Various Consumer Notices Black and white 8.5"x 11", 201b white Black and White Logo (See Attachment	300,000				went of tall	
Not to 1	A) Exceed					2	250,000.00

B.3.5 Option Year Four

CLIN	Item Description	Estimated Annual quantity	Price per page 1 skled	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	300,000				Pared	
	white Black and White Logo (See Attachment						
Not to E	A) Exceed					Si	250,000.00

SPECIFICATIONS/WORK STATEMENT

C1 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 I 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 mallings 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;

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.

Page 8 of 11

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 "P" Street, NW, 4th Floor
Washington, DC 20005



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 ADMINSTRATOR (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.I.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:

Deputy Director

Marketplace Innovation, Policy, and Operations

DC Health Benefit Exchange

@dc.gov

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

- 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.

Page 10 of 11

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 https://doi.org/10.1007/journal.org/
- "(b) To constitute a proper invoice, the Contractor shall submit the following information on the invoice:
 - "(I) 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://hbx.dc.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:

- 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.

1	
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

		000			C1	0			
		000		56860410659370707		1.\ .tract	Number	Page of P	'ages
		ATION / MODIFICATION		10.1111.1.111.1.111.1.111.1.111			2016-C-0022	1	1
2. Ame M001	ndment/Modification Number	3. Effective Date	4.	Requisiti	on/Purchase R	Request No.	5. Solicitation (
6. Issue	ad bur	See Block 16"C Below		Printing and Mailing Service 7. Administered by (If other than line 6)					ces
0. 13301	ou by.	C008		7. Aumin	istered by (if c	omer man line	6)		
	ealth Benefit Exchange Au	hority	5	DC Hea	lth Benefit I	Exchange Au	thority		
	Street, N.W. 4th Floor				Street, N.W.				
	ngton, D.C. 20005		1	Washin	gton, D.C. 20				
8. Nam Immed	e and Address of Contractor (Niate Mailing Services, Inc	lo. street, city, county, state and zi	ip code)	-1-1	9A. Amendm	ent of Solicita	tion No.	X	
245 Co	mmerce Blv			×	9B. Dated (S	ee Item 11)			2010
Liverpo	ool, NY 13088			\vdash	10A. Modifica	ation of Contra	act/Order No		
101				- 1 1	DCHBX-20				
Code		Facility			10B. Dated (See Item 13)			
		11. THIS ITEM ONLY APPLIE	S TO AN	MENDME	11/15/16 NTS OF SOLI	CITATIONS			
The	above numbered solicitation is a	mended as set forth in item 14. T					is extended is	is not extended	ď
(a) By of submitted BE RECOF YOU telegran	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 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 telter 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 IT MODIFIES THE CONTRACT	MODIFI T/ORDE	ICATION:	OF CONTRA	ACTS/ORDER	RS,		
S-011	A. This change order is issue	ed pursuant to (Specify Authority	(): 27 DC	MR 3601	.2	INTEM 14		W. S.	_
x	The changes set forth in	tem 14 are made in the contract	t/order no	o. in item	10A.				
	etc.) set forth in item 14, p	ract/order is modified to reflect to ursuant to the authority of 27 DC	ne admir CMR, Ch	nistrative napter 36,	Changes (such Section 3601,	n as changes .2.	in paying office, a	ppropriation da	ta
100	C. This supplemental agreem	ent is entered into pursuant to a	authority	of:	2.00				
3,	D. Other (Specify type of mod	dification and authority)	_			1989			
E. IMP	ORTANT: Contractor	s not 🔲 is required to sign t	lhis docu	ment and	return c	coples to the is	sulng office.		
14. Des	cription of Amendment/Modific	ation (Organized by UCF Section	n headin	igs, includ	ling solicitation	n/contract sub	ject matter where	feasible.)	
This I	Modification is to delet	e E.9.2 in its entirety a	nd rep	lace as	follow:				
	Policy Analy	st							
		Innovation, Policy and (tions	200				
	DC Health Be	enefit Exchange Author	ity						- 1
		(office)							
		vdc.gov							
85			W		86.				-
15A. Name and Title of Signer (Type or print) 16A. Name of Contracting Off					ficer				
			Frank	din Aus	tin				
15B. Na	me of Contractor	15C. Date Signed			Columbia			16C. Date Sig	ned
								ulisti	<u>. </u>
	(Signature of person authorize	ed to sign)	P.			(Signature of	Contracting Officer)	1 3/10	
			200						





AMENDMENT OF SOLICITATION	N/MODIFICATION OF	CONTRACT	1. Contract Number DCHBX-2016-C-0022	Page of Pages
Amendment/Modification Number M001	3. Effective Date SEE BLOCK 16C	4. Requisition/Pa	urchase Request No.	5. Solicitation Caption Printing and Mailing Services
6. Issued By:	Code	7. Administe	ered By (If other than line (
DC Health Benefit Exchange Au 1225 "I" Street, NW, 4th Floor Washington, DC 20005	thority			
8. Name and Address of Contractor (No. Street	et, city, country, state and ZIP	Code)	(X) 9A. Amendment of S	olicitation No.
Immediate Mailing Services, Inc. 245 Commerce BLBD			9B. Dated (See Item	11)
Liverpool, NY 13088			10A. Modification of	Contract/Order No.
Mark Vanderpool-			DCHBX-201	
Code	Facility		10B. Dated (See Item 11/15/20	
11	1. THIS ITEM ONLY APPLIES		TS OF SOLICITATIONS	0.
The above numbered solicitation is amende				
Offers must acknowledge receipt of this a				
following methods: (a) By completing Item	ns 8 and 15, and returning) By acknowledging receipt of this
amendment on each copy of the offer sub	mitted; or (c) By separate letter	er or fax which inc	cludes a reference to the s	olicitation and
amendment number, FAILURE OF YOUR				
PRIOR TO THE HOUR AND DATE SPEC				-
an offer already submitted, such change i				erence to the
solicitation and this amendment, and is re	· · · · · · · · · · · · · · · · · · ·	our and date speci	ified.	
12. Accounting and Appropriation Data (If Rec	(uired)			
13. TH	IIS ITEM APPLIES ONLY TO I	MODIFICATIONS	OF CONTRACTS/ORDE	RS.
	MODIFIES THE CONTRACT/			, ,
A. This change order is issued pursua				
The changes set forth in Item 14 are		. In item 10A.		43
B. The above numbered contract/orde		ministrative chang	jes (such as changes in p	aying office, appropriation
date, etc.) set forth in item 14, pursua		5.00	50 5-0	
C. This supplemental agreement is er		ity of:		
X D. Other (Specify type of modification	and authority)			
E. IMPORTANT: Contractor X is n	not, is required to sig	gn this document	and return 1	copies to the issuing office.
14. Description of amendment/modification (C	organized by UCF Section hea	idings, including s	olicitation/contract subject	matter where feasible.)
This contract is hereby modified a		-		
I IIIS COIICIACE IS HELEDY HIDUMEN A	S described below.			
Incorporate Economic Rate Adjust	tment: The Contractor	shall aromat	the notify the Contra	eting Officer of the
amount and effective date of each				
contract unit price shall be decrea				
The decrease or increase shall ap			after the ellective u	ate of the decrease
or increase and this contract shall	be modified according	gly.		
All other terms and conditions sha	all remain the same.			
Except as provided herein, all terms and cond	litions of the document referer	nced in Item (9A o	r 10A) remain unchanged	and in full force and effect
15A. Name and Title of Signer (Type or print)			of Interim Contracting Offi	cer
	lun ni di	Nicole Ma		line - i e
15B. Name of Contractor	15C. Date Signe	ed / 16B, District	of Columbia	16C. Date Signed
		{		4-25-17
(Signature of person a	ethorized to sign)		(Signatura of	Interim Contracting Officer)
(algitative of person at	entertween on add (1)		(orginalized of	

	8			0		
AMENDMENT OF SOLICITATIO	N/MODIFICATION OF	CONTRAC		ct Number		ge of Pages
2. Amendment/Modification Number M003	3. Effective Date 1-Sep-17	4. Requisition/		-2016-C-0022 equest No.	5. Solicitation Ca Printing and Ma	
6. Issued By:	Code	7. Adminis	tered By (If	other than line	6)	ining services
DC Health Benefit Exchange Auti 1225 "I" Street, NW, 4th Floor Washington, DC 20005	nority	1225 " "	th Benef Street, N gton, DC	it Exchange IW, 4th Floo 20005	e Authority or	
8. Name and Address of Contractor (No. Str.	eet, city, country, state and ZIP	Code)	(X) 9A. A	mendment of S	Solicitation No.	
Immediate Mailing Services, Inc. 245 Commerce Bly			9B, C	ated (See Item	11)	
Liverpool, NY 13088 Tel-			II.		Contract/Order No),
			-	IBX-2016-C- Dated (See Item		
Code	Facility Facility	TO MIENDINE	111/1	5/2016		
The above numbered solicitation is amend	11. THIS ITEM ONLY APPLIES ded as set forth in Item 14. The I	NOUT and date so	NIS OF SO	LICITATIONS	is extended.	is not extended.
following methods: (a) By completing Itel amendment on each copy of the offer su amendment number. FAILURE OF YOU PRIOR TO THE HOUR AND DATE SPE an offer already submitted, such change solicitation and this amendment, and is re 12. Accounting and Appropriation Data (If Re	ibmitted; or (c) By separate lette R ACKNOWLEDGEMENT TO B CIFIED MAY RESULT IN REJE may be made by letter or fax, p received prior to the opening ho	er or fax which in BE RECEIVED A ECTION OF YOU provided each le	cludes a re AT THE PLA IR OFFER. Iter or telegi	ference to the s ICE DESIGNAT If by virtue of th	ED FOR THE RE	CEIPT OF OFFERS
13. Th	HIS ITEM APPLIES ONLY TO M	MODIFICATIONS	OF CONT	DACTS/ODDE	96	
П	MODIFIES THE CONTRACT/				13,	
A. This change order is issued pursu					122.	
The changes set forth in Item 14 are B. The above numbered contract/ord	fer is modified to reflect the adr	in item 10A. ninistrative chan	oes (such a	s changes in na	aving office appro	ndation
date, etc.)			3 (aying omoc, uppro	ришион
C. This supplemental agreement is e	ntered into pursuant to authorit	ly of:				
D. Other (Specify type of modification Contract Increase	n and authority)					# # # # # # # # # # # # # # # # # # #
E. IMPORTANT: Contractor X is	not, is required to sign	n this document	and return		copies to the Issui	ng office.
14. Description of amendment/modification (C						
This modification is to delete E Case Manager		eplace as fo	llows:			
DC Health Benefit Exc 1225 I Street, N.W., 4th Washington, D.C. 2000 Tel-	Floor					
2. Correct M001 dated 4/25/2017 to	read: M002 in Item 2					
All other terms and conditions ren	nain the same					
except as provided herein, all terms and cond	litions of the document reference	ced in Item (9A o	r 10A) rema	ain unchanged a	and in full force an	d effect
5A. Name and Title of Signer (Type or print)		16A. Name	of Contracti			
5B. Name of Contractor	15C. Date Signed	Annie R		9		16C. Date Signed
	and organic	Too Danie	a somini			829/
(Signature of person a	uthorized to sign)	4		Signal	ure of Contracting Office	ar) 7 1 301/

AMENDMENT OF SOLICITATIO	N/MODIFICATION OF C	CONTRACTI	1. Contract Number DCHBX-2016-C-0022		of Pages
Amendment/Modification Number M004	3. Effective Date SEE BLOCK 16C	THE RESERVE THE PERSON NAMED IN COLUMN TWO	rchase Request No.	5. Solicitation Caption Printing and Mailing	
6. Issued By:	Code	7. Administer	red By (If other than line	6)	
DC Health Benefit Exchange At 1225 "I" Street, NW, 4th Floor Washington, DC 20005	uthority				
8. Name and Address of Contractor (No. Stre	et, city, country, state and ZIP C	ode)	(X) 9A. Amendment of S	Solicitation No.	
Immediate Mailing Services, Inc. 245 Commerce BLBD		2	9B. Dated (See Item	38.0.40	
Liverpool, NY 13088 Mark Vanderpool-			10A. Modification of DCHBX-201		
Mark Vallacipool-		ē.	10B. Dated (See Item		
Code	Facility		11/15/20	16	
The above numbered solicitation is amend	1. THIS ITEM ONLY APPLIES T			is extended.	is not extended.
amendment on each copy of the offer su amendment number. FAILURE OF YOU PRIOR TO THE HOUR AND DATE SPE an offer already submitted, such change solicitation and this amendment, and is r 12. Accounting and Appropriation Data (If Re	R ACKNOWLEDGEMENT TO BE CIFIED MAY RESULT IN REJEC may be made by letter or fax, pro eceived prior to the opening hour	E RECEIVED AT CTION OF YOUR ovided each lette	THE PLACE DESIGNAT OFFER, If by virtue of the or or telegram makes refer	TED FOR THE RECE	
TE TOO STATE OF THE PROPERTY OF THE PARTY OF THE	quiros,				
was a second	IS ITEM APPLIES ONLY TO MO MODIFIES THE CONTRACT/O			RS,	
A. This change order is issued pursu					
The changes set forth in Item 14 are B. The above numbered contract/ord			os leveb as changes in n	aving office, appropri	ation
date, etc.) set forth in item 14, pursu		monante changi	sa (audi) da cilaligea ili p	aying onice, appropri	ation
C. This supplemental agreement is a	ntered into pursuant to authority	of:			
D. Other (Specify type of modification Exercise Option	n and authority}		1.		
E. IMPORTANT: Contractor X is	not, is required to sign	this document a	nd return 1	copies to the issuing	office.
14. Description of amendment/modification (Contract No.: DCHBX-2016-C-002)				matter where feasible	e.)
1. In accordance with Section D.2 of November 15, 2017 through No \$250,000.00					
CONTRACT RECAP:	POP		Contract Amount		
Base Period	11/15/2016- 11/14/2017	7	NTE \$250,000.		
Option Year One (OY1)	11/15/2017 - 11/14/20	18	NTE \$250,000	0.00	
	Total Contra	ct Value: \$5	00,000.00		
Except as provided herein, all terms and con-	ditions of the document reference	ed in Item (9A or	10A) remain unchanged	and in full force and	effect
15A. Name and Tille of Signer (Type or print)			f Contracting Officer		
15B. Name of Contractor	15C. Date Signed				16C. Date Signed
(Signature of person i	outhorized to sign)	4	Signa	stuffe of Contracting Officer)	11/14/2011

0 . 0

AMENDMENT OF SOLICITATI	ON/MODIFICATION O	F CONTRACT	1. Contract Number	Page of Pages			
			DCHBX-2016-C-0022	1 = 1			
2 Amendment/Modification Number M005	3 Effective Date 15-Nov-18	4 Requisition/P	urchase Request No	5. Solicitation Caption			
6 Issued By.	Code	7. Administ	ered By (If other than line	Printing and Mailing Services			
				·			
DC Health Benefit Exchange A	luthority						
1225 "I" Street, NW, 4th Floor							
Washington, DC 20005							
Name and Address of Contractor (No. S	treet, city, country, state and Z	IP Code)	(X) 9A. Amendment of S	olicitation No			
Immediate Mailing Services, Inc			00 D-1-1/0-1				
245 Commerce Blvd	**		9B. Dated (See Item	11)			
iverpool, NY 13088			10A Modification of	Contract/Order No			
Mark Vanderpool			DCHBX-2016-C-				
Tel-			10B Dated (See Item 13)				
Gode	Facility!		15-Nov-16				
The shows numbered established in	redad on out fauth in the state of	a have and date	- C- 44				
The above numbered solicitation is ame Offers must acknowledge receipt of thi	nued as set torth in item 14. The	e nour and date spe	citied for receipt of Offers	is extended is not extended.			
following methods (a) By completing it		1 con	les of the amendment (b)	ended, by one of the By acknowledging receipt of this			
amendment on each copy of the offer :		tter or fax which inc	dudes a reference to the s	olicitation and			
amendment number. FAILURE OF YO	UR ACKNOWLEDGEMENT TO	D BE RECEIVED A	THE PLACE DESIGNAT	ED FOR THE RECEIPT OF OFFERS			
PRIOR TO THE HOUR AND DATE SP	ECIFIED MAY RESULT IN RE.	JECTION OF YOU	R OFFER. If by virtue of th	is amendment you desire to change			
an offer already submitted, such chang	e may be made by letter or fax	provided each lets	er or telegram makes refe	rence to the			
solicitation and this amendment, and is		hour and date spec	fied.				
 Accounting and Appropriation Data (If F 	(equired)						
P-900-4-1-01	13 THIS ITEM APPLIES ONL'	Y TO MODIFICATION	ONS OF CONTRACTS/OF	DERS			
	IT MODIFIES THE CONTE						
A This is a change order is issued							
B. The above numbered contract/o	rder is modified to reflect the a	dministrative chang	es (such as changes in pa	lying office, appropriation			
date_etc.)							
C This is a supplemental agreeme							
negotiated equitable adjustments, D. Other (Specify type of modificati	io romalize a letter contract or	to reflect other agri	ements to modify the tern	is of the contract.			
Exercise of Option	on and admontly						
. IMPORTANT: Contractor X	s not, is required to s	ign this document	and return 1	copies to the issuing office			
Description of amendment/modification	(Organized by UCF Section he	adinos, includino se			_		
ask Order No.: DCHBX-2016-C-	0022 is hereby modified	d as described	below:				
Andrew Venez Transfer (Ch.)							
ppoon Year I wo (2) is hereby ex	ercised from the perio	d of November	15, 2018 through N	ovember 14, 2019 in the amount			
nat shall not exceed \$250,000.							
ontract Recap:	POP	Contract	Amount				
	1/15/2016- 11/14/2017		250,000.00				
	11/15/2017- 11/14/2018		250,000.00				
	11/15/2018-11/14/2019		250,000.00				
7			,				
_							
	otal Task Order Amoun						
xcept as provided herein, all terms and col 6A, Name and Title of Signer (Type or print	ignors of the document refere						
Alacce of Vanile Chapter	Sr CEO	Annie R.	f Contracting Officer (Inter	11(1)			
5B. Name of Contractor	15C. Date Sign			16C Date Signed			
	100	THE DISH L	a, commune	16C Date Signed			
	11/6/18			11/1/0-1	0		
Tido on	authorized to sign)		(304)	are of Consecuring Difficer)	Y		
	1	7					

AMENDMENT OF COLUMNATION	WHO DIEICATION O	E CONTRACT	1. Contract Number	Page of Pa	ages
AMENDMENT OF SOLICITATION			<u></u>	2 1 1	1
2. Amendment/Modification Number M006	3. Effective Date 21-Feb-19	4. Requisition/	Purchase Request No.	5. Solicitation Caption Printing and Mailing Service	ces
6. Issued By:	Code	7. Adminis	tered By (If other than line		
DC Health Benefit Exchange Aut	hority				
1225 "I" Street, NW, 4th Floor					
Washington, DC 20005					
8. Name and Address of Contractor (No. Street	et, city, country, state and Z	IP Code)	(X) 9A. Amendment of	Solicitation No.	
Immediate Mailing Services, Inc.			9B. Dated (See Iter	រា 11)	- 14
245 Commerce Blv Liverpool, NY 13088			100 Madification o	f Contract/Order No.	
Tel			DCHBX-2016-0		65 J.W
			10B. Dated (See Ite		
Code	Facility		15-Nov-16		
The above numbered solicitation is amende	ed as set forth in Item 14. Th	e hour and date sp	ecified for receipt of Offers	is extended. is not ex	xtended.
Offers must acknowledge receipt of this a	•	•			
following methods: (a) By completing Item amendment on each copy of the offer sub				b) By acknowledging receipt of	this
amendment number. FAILURE OF YOUR					OFFERS
PRIOR TO THE HOUR AND DATE SPEC					
an offer already submitted, such change r	nay be made by letter or fax	k, provided each le	tter or telegram makes re		H.
solicitation and this amendment, and is re	1	hour and date spe	cified.		
12. Accounting and Appropriation Data (If Rec	juired)				
13	THIS ITEM APPLIES ONL	Y TO MODIFICAT	IONS OF CONTRACTS/	RDERS,	(5.
A. This is a change order is issued pu	IT MODIFIES THE CONT	RACT/ORDER NO). AS DESCRIBED IN ITE	M 14	
B. The above numbered contract/orde		dministrative char	nges (such as changes in	paving office, appropriation	
date, etc.)					
 C. This is a supplemental agreement negotiated equitable adjustments, to 			reamonts to modify the to	error of the posteroi	
D. Other (Specify type of modification		to renect other ag	reements to modify the te	inis of the contract.	
X Change CA	0.0				-
E. IMPORTANT: Contractor X is n		sign this documen		copies to the issuing office.	
14. Description of amendment/modification (O	rganized by UCF Section he	eadings, including	solicitation/contract subje	at matter where feasible.)	
This modification is to delete E.9.2	in its entirety and re	place as follo	ws:		
Case Manager					*
DC Health Benefit Exchange Author	nritu				
1225 I Street, N.W., 4th Floor	,				
Washington, D.C. 20002					
Tel-					
@dc.gov					
Mr.					
ALL OTHER TERMS AND CONDITI	ONS REMAIN UNCH	ANGED			
Except as provided herein, all terms and cond	tions of the document refer	enced in Item (94	or 10A) remain unchanne	d and in full force and effect	
15A. Name and Title of Signer (Type or print)	and the designation refer		of Contracting Officer (In		- Tin
10-	3	Annie R.			
15B. Name of Contractor	15C, Date Sig	ned 16B Distric	t of Columbia	16C. Da	ate Signed
					1 1
(Signature of person au	athorized to sign)		93	Mature of Contracting Officer)	21/2019
		9	/		1

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				Contract Number	Page of Pages	
	The second second	-		DCHBX-2016-C-0022	1	1
Amendment/Modification Number M007	3. Effective Da	ste 4 in-17	Requisition/Po	urchase Request No.	5. Solicitation Caption Printing and Mailing	Services
Issued By:	Code	11-17	7. Administe	red By (If other than line		
DC Health Benefit Exchange 1225 "I" Street, NW, 4th Floor Washington, DC 20005						
Name and Address of Contractor (No. 5	Street, city, country,	state and ZIP C	ode)	(X) 9A. Amendment of S	Solicitation No.	
nmediate Mailing Services, Inc	.			98. Dated (See Item	11)	
IS Commerce BLBD				10A. Modification of	Contract/Order No.	
verpool, NY 13088 ark Vanderpool-				DCHBX-201		
ark variatipool-		12000		10B. Dated (See Iter	m 13)	
Code		Facility		11/15/20	16	
The above numbered solicitation is am				TS OF SOLICITATIONS	is extended. is	s not extended.
amendment on each copy of the offer amendment number. FAILURE OF YOU PRIOR TO THE HOUR AND DATE S an offer already submitted, such char solicitation and this amendment, and Accounting and Appropriation Data (If	OUR ACKNOWLED PECIFIED MAY RE tige may be made b is received prior to	GEMENT TO BE SULT IN REJEC y letter or fax, pr	E RECEIVED A CTION OF YOU ovided each let	T THE PLACE DESIGNA R OFFER. If by virtue of t er or telegram makes refe	TED FOR THE RECEIF his amendment you de:	'T OF OFFERS sire to change
. Accounting and Appropriation Data (II	requieur					
13				OF CONTRACTS/ORDE		
In the second of the second			RDER NO. AS	DESCRIBED IN ITEM 14		
A. This change order is issued pu The changes set forth in Item 14	아니아 얼마나 아니는 아이들이 얼마나를 가게 하지 않는데 모든데 그렇다.		n item 10A			
B. The above numbered contract	order is modified to	reflect the adm	inistrative chan	ges (such as changes in p	paying office, appropriat	tion
date, etc.) set forth in item 14, pu	irsuant to the autho	rity				
C. This supplemental agreement	is entered into purs	suant to authority	of:			
D. Other (Specify type of modification)	ation and authority)					
IMPORTANT: Contractor X	is not.	required to sign	this document	and return 1	coples to the issuing of	office.
Description of amendment/modification		and the state of t		CONTROL OF THE PROPERTY OF THE	t matter where feasible	i.)
his contract is hereby modifie	ed as described	i below:				
hange Contracting Officer info Annie R. White	ormation in Se	ction E.7 to	read as follo	ows:		
Contracting Officer	p 11200002000000					
DC Health Benefit Excl		У				
1225 "I" Street, NW, 4t Washinton, DC 20005	in Floor					
@dc.gov						
- Desk						
all other terms and conditions	shall remain ti	ne same.				
		W Commercial designation		44.		# and
xcept as provided herein, all terms and 5A. Name and Title of Signer (Type or p		cument reference		or 10A) remain unchanger of Contracting Officer	ano in iuii force and e	nect
en Haute and Title of Digital (Type of b			Annie R.	네 하는 경우에 있었다면 얼마를 하는데 되었다면 하는데 되었다.		
5B. Name of Contractor	1	ISC. Date Signed	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE OW	t of Columbia		16C. Date Signe
(Signature of per	rson authorized to sign)	<u></u>	(Sig	fiture of Contracting Officer)	2/25/20
			/			