


ATTACHMENT 10

 <p>Department of Civil Service</p>	<p>Administrative Fee Form RFP Entitled: “Dental Plan Services”</p>
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	Fee Quote	Basis
Monthly Administrative Fee Quote (1)	_____	<u>Per Enrollee Per Month</u>

(1) The Offeror's quoted fee will be for the duration of the contract as set forth in 6.2 of the RFP.