

ATTACHMENT 4



Department of
Civil Service

Questions Template
RFP Entitled:
"Dental Plan Services"

Offeror Name: _____

Email address: _____

Question Number	RFP Page #	Section Reference	Question

An Offeror is required to use the **Questions Template** table above when submitting questions. Offeror’s questions must be submitted to Designated Contact specified in Section 2 of this RFP.