

ATTACHMENT 4



Department of
Civil Service

Questions Template
IFB entitled:
“Employee Benefit Card”

Offeror Name: _____

Question Number	IFB 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 the Designated Contact found in Section 2.1.1 of the IFB.