

DELAWARE RIVER JOINT TOLL BRIDGE COMMISSION  
1199 WOODSIDE ROAD  
YARDLEY, PA 19067

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**PENNSYLVANIA / NEW JERSEY- BASED  
EMPLOYEE MEDICAL AND PRESCRIPTION BENEFITS INSURANCE BROKER /  
RISK MANAGEMENT PROFESSIONAL SERVICES PRE-65 RFQ**

**PENNSYLVANIA & NEW JERSEY-BASED  
EMPLOYEE BENEFITS INSURANCE BROKER / RISK MANAGEMENT  
PROFESSIONAL SERVICES POST-65 RFP**

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ADDENDUM No. 2

This Addendum No. 2 addresses an inquiry associated with the Request for Qualifications and Request for Proposals seeking Pennsylvania- and New Jersey-based consultants to broker coverage for our Medical and Prescription benefit plans for active employees/dependents and eligible post-65 retirees/dependents.

Below is the question received by the Delaware River Joint Toll Bridge Commission followed by the response:

**Question:**

- 1) “On page 5, section B, the second paragraph indicates “Consultants must include in the Proposal a certification in the form of the Conflict of Interest and Recusal Certification Form indicating that they have read, understood and will be guided by the guidelines. Need to find the specific form for certification.”

**Response:**

Attached please find the certification form relative to the Commission’s Guidelines on Conflict of Interest and Recusal, which can be found at: [http://www.drjtbc.org/wp-content/uploads/Recusal\\_Guidelines.pdf](http://www.drjtbc.org/wp-content/uploads/Recusal_Guidelines.pdf).

Please sign and submit the attached form for inclusion in your submission.

**CONFLICT OF INTEREST AND RECUSAL CERTIFICATION FORM**

PENNSYLVANIA / NEW JERSEY- BASED  
EMPLOYEE MEDICAL AND PRESCRIPTION BENEFITS INSURANCE BROKER / RISK  
MANAGEMENT PROFESSIONAL SERVICES PRE-65 RFQ

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(Name of Consultant)

the undersigned, an officer of the named Consultant, in person or by its duly authorized representative, hereby certifies that they have read and understood the Commission's Conflict of Interest and Recusal Guidelines posted on the Commission's website [www.drjtbc.org](http://www.drjtbc.org) and will comply and have any designated sub-consultants comply with the requirements of these guidelines during the performance of work under this contract.

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(Date)

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(Name and Title)

Subscribed and sworn to  
before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20 \_\_\_\_

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My Commission expires \_\_\_\_\_, 20 \_\_\_\_