



**Health Insurance RFP Exhibit Request Form
June 18, 2018**

Agency Name: _____

Agency Contact Name: _____

Street Address: _____

City, State, Zip: _____

Telephone #: _____ Fax #: _____

E-mail Address: _____

In order to receive the exhibits that go
along with this Health Insurance RFP, please return this form to:

**Patricia Jelinek
Burke
2001 S. Medford Drive
Lufkin, TX 75901
Fax: (936) 639-0905
Tricia.jelinek@myburke.org**