VENDOR INFORMATION SHEET FOR RFP 3290

Vendor Must:

A) Provide all requested information in the space provided next to each numbered question. The information provided in Sections V1 through V6 will be used for development of the contract;

B) Type or print responses; and

C) Include this Vendor Information Sheet in Tab III of the Technical Proposal.

V1	Company Name	**UnitedHealthcare Insurance Company**

V2	Street Address	**185 Asylum Street**

V3	City, State, ZIP	**Hartford, CT 06103**

V4	Telephone Number		
	Area Code: 954	Number: **364-0723**	Extension:

V5	Facsimile Number		
	Area Code: **414**	Number: **721-0140**	Extension: **N/A**

V6	Toll Free Number		
	Area Code: **N/A**	Number: **N/A**	Extension: **N/A**

V7	***Contact Person for Questions / Contract Negotiations, including address if different than above***
	Name: **Larry Cavanaugh**
	Title: **VP, New Business Development Government Dental Programs**
	Address:
	Email Address: **lcavanaugh@uhc.com**

V8	Telephone Number for Contact Person		
	Area Code: **954**	Number: **364-0723**	Extension: **N/A**

V9	Facsimile Number for Contact Person		
	Area Code: **414**	Number: **721-0140**	Extension: **N/A**

V10	***Name of Individual Authorized to Bind the Organization***	
	Name: **James Bedard**	Title: **Authorized Representative**

V11	Signature (***Individual must be legally authorized to bind the vendor per NRS 333.337***)	
	Signature:	Date: **12/13/2016**