



## **NOTICE TO ALL FIRMS**

Date: July 17, 2025  
To: All Prospective Bidders  
From: Sam Li  
Director of Procurement Services  
Re: Addendum Number 1  
RFP # C1697 – Commuter Benefits Program Administrator

### **Questions**

- Q1. What is the desired date of services?  
**A1. Anticipated effective date would be April 2026 and continue for a three-year period (page 8) of the RFP.**
- Q2. Total benefit eligible employees?  
**A2. Approximately 1,800 employees.**
- Q3. Total enrolled in transit benefit?  
**A3. Approximately 400 employees.**
- Q4. Total enrolled in parking benefit?  
**A4. Approximately 75.**
- Q5. Current commuter administrator?  
**A5. HealthEquity**
- Q6. Reason for going out to bid? Service, contract review due diligences, market check. If service related, can you provide a few examples of issues?  
**A6. Market check and increased support services for FIT benefits administrators and program participants.**
- Q7. Are you looking to review any additional spending accounts such as medical FSA, Dependent Care, HAS?  
**A7. Not at the present time.**
- Q8. Are you looking to review COBRA administration?  
**A8. Not at the present time.**
- Q9. What is the current HRIS system?  
**A9. Banner (Ellucian)**

Q10. Do you work with a broker/consultant? If so, please provide information.

A10. Not for commuter benefits.

Q11. What is the reason for marketing the commuter administration?

A11. Has not been marketed in a number of years.

Q12. Are you experiencing pain points with the incumbent?

A12. We are looking to improve service for FIT's benefits administrators and program participants.

Q13. Are you able to share who is currently administering this benefit?

A13. HealthEquity

Q14. Are there specific features or areas of improvement that you are looking for in a new administrator?

A14. High focus on client and participant communications and support services, looking for new ways to increase plan participation with assistance from the vendor.

**THIS ADDENDUM IS PART OF THE CONTRACT DOCUMENT AND SHALL BE INCLUDED WITH YOUR REQUEST FOR PROPOSAL SUBMITTAL. YOUR SIGNATURE BELOW WARRANTS THAT YOU UNDERSTAND THIS ADDENDUM AND THAT YOU HAVE MADE THE APPROPRIATE ADJUSTMENTS IN YOUR PROPOSAL AND CALCULATIONS.**

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Signature

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Print Name and Title of Authorized Representative

\_\_\_\_\_  
Print Name of Company/Partnership/Individual

\_\_\_\_\_  
Date