List at least four (4) references where self-funded health plan services are or were provided to employers with 1,000 or more subscribers within the past five (5) years. At least one (1) reference must be from a Florida government entity or municipality. LIST no more than one LAKE COUNTY GOVERNMENT PROJECT (past, current, prime, and subcontractor) FIRST.

*TYPE YOUR FIRM’S NAME HERE*

PROJECT NAME: Click or tap here to enter text.

Agency: Click or tap here to enter text.

Address: Click or tap here to enter text.

City, State, Zip code: Click or tap here to enter text.

Contact Person: Click or tap here to enter text.

Title: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Project Cost: Click or tap here to enter text.

Contract Start and End Dates: Click or tap here to enter text.

SCOPE of Project (list tasks, outlines or descriptions of items): Click or tap here to enter text.

PROJECT NAME: Click or tap here to enter text.

Agency: Click or tap here to enter text.

Address: Click or tap here to enter text.

City, State, Zip code: Click or tap here to enter text.

Contact Person: Click or tap here to enter text.

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