SIGNATURE PAGE

P-27-2023

To the Monmouth County Board of County Commissioners:

THE UNDERSIGNED HEREBY DECLARES THAT I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS. I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE WITH YOUR REQUIREMENTS.

Company Name:	Horizon Healthcare Services, Inc. (dba Horizon Blue Cross Blue Shield of New Jersey)
Preparer's Name:	(PRINT) Jil/Serin, Vice President - Chief Underwriter
Signature:	(PRINT) March 21, 2023
Address:	3 Penn Plaza East
	Newark, New Jersey 07105
Telephone No.:	(973) 803-2067 (Cian Gray)
Fax No.:	N/A
E-Mail Address:	Cian_Gray@horizonblue.com
	(This should be the email where Contracts would be sent)
Contact Person:	Cian Gray, Account Manager
FEIN:	
(Federal Employee ID)	
BRC: (Business Registration C	ertificate)
(Dasiness registration o	oranioato,

(Revised 2/2017)