

**RETURN BIDS TO:  
RETOURNER LES SOUMISSIONS À:**

**Bid Receiving  
PWGSC  
33 City Centre Drive  
Suite 480C  
Mississauga  
Ontario  
L5B 2N5  
Bid Fax: (905) 615-2095**

**SOLICITATION AMENDMENT  
MODIFICATION DE L'INVITATION**

The referenced document is hereby revised; unless otherwise indicated, all other terms and conditions of the Solicitation remain the same.

Ce document est par la présente révisé; sauf indication contraire, les modalités de l'invitation demeurent les mêmes.

**Comments - Commentaires**

**Vendor/Firm Name and Address  
Raison sociale et adresse du  
fournisseur/de l'entrepreneur**

**Issuing Office - Bureau de distribution**  
Public Works and Government Services Canada  
Ontario Region  
33 City Centre Drive  
Suite 480  
Mississauga  
Ontario  
L5B 2N5

<b>Title - Sujet</b> Janitorial Services	
<b>Solicitation No. - N° de l'invitation</b> KW405-141665/A	<b>Amendment No. - N° modif.</b> 003
<b>Client Reference No. - N° de référence du client</b> KW405-141665	<b>Date</b> 2015-08-27
<b>GETS Reference No. - N° de référence de SEAG</b> PW-\$TOR-215-6889	
<b>File No. - N° de dossier</b> TOR-5-38017 (215)	<b>CCC No./N° CCC - FMS No./N° VME</b>
<b>Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2015-09-09</b>	<b>Time Zone Fuseau horaire</b> Eastern Daylight Saving Time EDT
<b>F.O.B. - F.A.B.</b> <b>Plant-Usine:</b> <input type="checkbox"/> <b>Destination:</b> <input type="checkbox"/> <b>Other-Autre:</b> <input type="checkbox"/>	
<b>Address Enquiries to: - Adresser toutes questions à:</b> Lopez, Maria	<b>Buyer Id - Id de l'acheteur</b> tor215
<b>Telephone No. - N° de téléphone</b> (905) 615-2071 ( )	<b>FAX No. - N° de FAX</b> (905) 615-2060
<b>Destination - of Goods, Services, and Construction: Destination - des biens, services et construction:</b>	

**Instructions: See Herein**

**Instructions: Voir aux présentes**

<b>Delivery Required - Livraison exigée</b>	<b>Delivery Offered - Livraison proposée</b>
<b>Vendor/Firm Name and Address Raison sociale et adresse du fournisseur/de l'entrepreneur</b>	
<b>Telephone No. - N° de téléphone Facsimile No. - N° de télécopieur</b>	
<b>Name and title of person authorized to sign on behalf of Vendor/Firm (type or print) Nom et titre de la personne autorisée à signer au nom du fournisseur/ de l'entrepreneur (taper ou écrire en caractères d'imprimerie)</b>	
<b>Signature</b>	<b>Date</b>

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**Solicitation Amendment No. 002 is being issued to include questions posed by a bidder and responses from the Technical Authority.**

**Lot 2 Questions and Answers:**

Q1.Bill 7 information shows that the employees are receiving benefits. Please provide details of benefits, is it dental, health, eye, etc? Also the \$ 73.96 in benefits, is this monthly?

A1.Benefits are monthly cost to the employer for single coverage (\$73.96). The employee portion for family coverage is \$60 per month.

**Benefit Summary**

Employee Life Insurance      \$25,000, reducing by 50% at age 65

**Healthcare**

Covered expenses will not exceed customary charges

Deductible      Nil

**Reimbursement Levels**

Global Medical Assistance Expenses 100o/o

**Out-of-Country Care Expenses**

- Emergency Care      100%
- Non-Emergency Care      50%

All Other Expenses      80%

**Basic Expense Maximums**

Home Nursing Care      \$10,000 for a maximum of 12 months per condition

In-Canada Prescription Drugs      \$10,000 each calendar year

Custom-fitted Orthopedic Shoes and Custom-made Foot Orthotics      \$300 every 12 months

Myoelectric Arms      \$10,000 per prosthesis

External Breast Prosthesis      1 every 12 months

Surgical Brassieres      2 every 12 months

Mechanical or Hydraulic Patient Lifters      \$2,000 per lifter once every 5 years

Outdoor Wheelchair Ramps      \$2,000 lifetime

Blood-glucose Monitoring Machine 1 every 4 years  
 Transcutaneous Nerve Stimulators \$700 lifetime  
 Extremity Pumps for Lymphedema \$1,500 lifetime  
 Custom-made Compression Hose 4 pairs every 12 months

#### Paramedical Expense Maximums

Chiropractors Massage Therapists Naturopaths Osteopaths \$300 each calendar year  
 Physiotherapists \$300 each calendar year  
 Podiatrists \$300 each calendar year  
 Speech Therapists \$300 each calendar year

#### Visioncare Expense Maximums

Eye Examinations, Glasses, Contact Lenses and Laser Eye Surgery \$200 every 24 months  
 Out-Of-Country Care Expense Maximums Emergency Care Unlimited  
 - Non-Emergency Care \$25,000 lifetime

Lifetime Healthcare Maximum Unlimited

#### Dentalcare

#### Reimbursement Levels

#### Basic Coverage Payment Basis

Deductible Nil

#### Reimbursement Levels

Basic Coverage 80%  
 Major Coverage 80%  
 Accidental Dental Injury Coverage 100%

#### Plan Maximums

Accidental Dental Injury Treatment Unlimited  
 All Other Treatment \$1,000 each calendar year

Q2.Are the incumbent staff unionized?

A2. No, the staff is not unionized.