

SIGNATURE PAGE

P-25-2023

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: Metropolitan Life Insurance Company / MetLife Health Plans, Inc.
(PRINT)

Preparer's Name: Kelli L. Evans
(PRINT)

Signature: *Kelli L. Evans* March 14, 2023
(DATE)

Address: 200 Park Avenue
New York, NY 10166

Telephone No.: 412-512-8680*

Fax No.: Not available.

E-Mail Address: nicholas.moskos@metlife.com
***** (This should be the email where Contracts would be sent) *****

Contact Person: *Nicholas Moskos, Account Executive

FEIN: [REDACTED]
(Federal Employee ID)

BRC: [REDACTED]
(Business Registration Certificate)

(Revised 2/2017)