# EXHIBIT 1

# INTENT TO RESPOND

|  |  |
| --- | --- |
| **Date:** |  |
| **To:** | Gina Sanders - Segal |
| **From:** |  |
|  | Name and Title |
| **Re:** | State of Iowa 005-RFP-1326-2025: TPA Medical and Pharmacy RFP |

|  |  |
| --- | --- |
| **Non-Disclosure Agreement** | |
| Authorized signer  Name and Title: |  |
| Email: |  |
| Phone: |  |
| Company Name: |  |
| Company Address: |  |
|  |  |
|  |  |
| **Designated contact to receive secure data for this RFP** | |
| Name: |  |
| Email: |  |
| Phone |  |

In order that the State of Iowa may assess potential vendor interest in this job, please check one of the following below and send this document to Gina Sander, [gsander@segalco.com](mailto:gsander@segalco.com) Thank you.

|  |  |  |
| --- | --- | --- |
| **Our company intends to respond:** | **Yes/No** | **If No, reason for declining:** |
| Minimum Premium Integrated Medical and Pharmacy |  |  |
| Self-Funded Integrated Medical and Pharmacy |  |  |
| Self-Funded Medical-Only |  |  |
| Insured Medicare Supplement Look-alike with Part D |  |  |

Declining to respond will not eliminate the vendor from future consideration for jobs with the State of Iowa.