



## **2026-16-A**

### **Dental Insurance**

Issue Date: 6/19/2026

Questions Deadline: 6/26/2026 04:00 PM (CT)

Response Deadline: 7/17/2026 03:00 PM (CT)

### **Contact Information**

Contact: Ally Phillips-Sanfilippo

Address: Holmes Murphy  
TX

Phone: (214) 265-2296

Email: [APhillips@holmesmurphy.com](mailto:APhillips@holmesmurphy.com)

## Event Information

Number: 2026-16-A  
Title: Dental Insurance  
Type: Request for Proposals  
Issue Date: 6/19/2026  
Question Deadline: 6/26/2026 04:00 PM (CT)  
Response Deadline: 7/17/2026 03:00 PM (CT)  
Notes:

Sealed Proposals for the materials or services specified will be received Ally Phillips-Sanfilippo at Holmes Murphy until the date and time as indicated above. Please submit **one (1) electronic version**, via email address listed below. You may also request a secure link to upload files.

**Delivery Address: Ally Phillips-Sanfilippo**

**APhillips@holmesmurphy.com**

Late submissions will not be considered. Responses must be submitted with the RFP number and the respondent's name and address clearly indicated on your proposal. Additional instructions for preparing a response are provided within.

**RESPONDENTS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE DOCUMENT PRIOR TO SUBMITTING A RESPONSE.**

For questions regarding this proposal including proposal specifications contact Holmes Murphy, the Town's Benefits Consultant:

Ally Phillips-Sanfilippo

214-265-2296

**APhillips@holmesmurphy.com**

The Town appreciates your time and effort in preparing a response. **Please note that responses must be received by the deadline shown.** Responses received after the deadline will not be considered for the award of the contract and will be returned unopened

## Ship To Information

Contact: Ally Phillips-Sanfilippo  
Address: Holmes Murphy  
TX  
Phone: (214) 265-2296  
Email: [APhillips@holmesmurphy.com](mailto:APhillips@holmesmurphy.com)

## Billing Information

Contact: Accounts Payable  
Address: Finance  
Town Hall  
3rd Floor  
250 W. First St.  
P.O. Box 307

## Bid Attachments

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**2026-16-A RFP for Dental.pdf**

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**2026 ToP Dental\_RFP Workbook.xlsx**

2026 Town of Prosper Dental RFP Workbook

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**Town of Prosper\_Sold Renewal Benefit Summaries 1-26.pdf**

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Supplier Information

Company Name:

Contact Name:

Address:

Phone:

Fax:

Email:

Supplier Notes

By submitting your response, you certify that you are authorized to represent and bind your company.

Print Name

Signature