**ETH0039 – TPA Contract Compliance Audits of IRC Section 125 Cafeteria Plan and Employee Reimbursement Accounts Program**

**ETH0040 – TPA Contract Compliance Audits of Health Savings Accounts Program**

**ETH0041 – TPA Contract Compliance Audits of Commuter Fringe Benefit Accounts Program**

**ETH0042 – TPA Contract Compliance Audits of Pharmacy Benefit Program**

**ETH0043 – TPA Contract Compliance Audits of Income Continuation Insurance Program**

**ETH0044 – TPA Contract Compliance Audits of Life Insurance Program**

**ETH0045 – TPA Contract Compliance Audits of Uniform Dental Insurance Program**

**ETH0046 – TPA Contract Compliance Audits of Wellness and Disease Management Program**

**ETH0047 – TPA Contract Compliance Audits of Data Warehouse and Visual Business Intelligence Services**

**ETH0048 – TPA Contract Compliance Audits of Wisconsin Deferred Compensation Program**

This form must be completed by the Proposer by marking the appropriate check-boxes below. By marking these boxes, Proposer acknowledges compliance with these items. **NOTE:** some of the items are specific to the different programs included under this RFP and may not apply to your Proposal.

**Instructions:**

1. Review/complete each exhibit/appendix/form listed below as appropriate for the programs you are proposing. Check the appropriate boxes.
2. Complete the Proposer information box:
* Print company name.
* Print the name of the representative signing this form (must be authorized to legally bind the company).
* Sign and date.
1. Return this form per Section 2.4 of the RFP (TAB 1).

|  |  |
| --- | --- |
| **Appendix 1:** Pro Forma Contract by Authorized Board |[ ]  Have read and understand |
| **Appendix 2:** Department Terms and Conditions |[ ]  Have read and understand |
| **Appendix 3:** General Questionnaire |[ ]  Completed |
| **Appendix 4:** Technical Questionnaire |[ ]  Completed |
| **Appendix 5:** Program Overview and Audit Requirements for TPA Contract Compliance Audits of IRC Section 125 Cafeteria Plan and Employee Reimbursement Accounts Program (ETH0039) |[ ]  Have read and understand, if applying to audit this program |
| **Appendix 6:** Program Overview and Audit Requirements for TPA Contract Compliance Audits of Health Savings Accounts Program (ETH0040) |[ ]  Have read and understand, if applying to audit this program |
| **Appendix 7:** Program Overview and Audit Requirements for TPA Contract Compliance Audits of Commuter Fringe Benefit Accounts Program (ETH0041) |[ ]  Have read and understand, if applying to audit this program |
| **Appendix 8:** Program Overview and Audit Requirements for TPA Contract Compliance Audits of Pharmacy Benefit Program (ETH0042) |[ ]  Have read and understand, if applying to audit this program |
| **Appendix 9:** Program Overview and Audit Requirements for TPA Contract Compliance Audits of Income Continuation Insurance Program (ETH0043) |[ ]  Have read and understand, if applying to audit this program |
| **Appendix 10:** Program Overview and Audit Requirements for TPA Contract Compliance Audits of Life Insurance Program (ETH0044) |[ ]  Have read and understand, if applying to audit this program |
| **Appendix 11:** Program Overview and Audit Requirements for TPA Contract Compliance Audits of Uniform Dental Insurance Program (ETH0045) |[ ]  Have read and understand, if applying to audit this program |
| **Appendix 12** – Program Overview and Audit Requirements for TPA Contract Compliance Audits of Wellness and Disease Management Program (ETH0046) |[ ]  Have read and understand, if applying to audit this program |
| **Appendix 13** – Program Overview and Audit Requirements for TPA Contract Compliance Audits of Data Warehouse and Visual Business Intelligence Services (ETH0047) |[ ]  Have read and understand, if applying to audit this program |
| **Appendix 14** - Program Overview and Audit Requirements for TPA Contract Compliance Audits of Wisconsin Deferred Compensation Program (ETH0048) |[ ]  Have read and understand, if applying to audit this program |
| **FORM A:** Proposal Checklist (this form) |[ ]  Completed and signed |
| **FORM B:** Mandatory Proposer Qualifications |[ ]  Completed and signed |
| **FORM C:** Subcontractor Information |[ ]  Completed |
| **FORM D:** Request for Proposal Signature Page |[ ]  Completed and signed |
| **FORM E:** Vendor Information |[ ]  Completed |
| **FORM F:** Vendor References |[ ]  Completed |
| **FORM G:** Designation of Confidential and Proprietary Information |[ ]  Completed and signed |
| **FORM H:** Cost Proposal Workbook for those Program(s)/Services Proposer is applying to audit and submitted in a separate sealed and labeled envelope. |[ ]  Completed |
| **Current W-9** (use online IRS Form) |[ ]  Completed and signed |

**Proposer Information:**

|  |  |
| --- | --- |
| Proposer Company Name: | Click or tap here to enter text. |
|  |  |
| Name & Title of Authorized Representative: | Click or tap here to enter text. |
|  |  |
| Authorized Representative Signature: |  |
|  |  |
| Signature Date: | Click or tap here to enter text. |