

FORM A PROPOSER CHECKLIST

Proposer:

Instructions:

- This form shall be completed by the Proposer by marking the check-boxes below. By marking these
 boxes the Proposer acknowledges compliance with these items. Not checking a box may be cause for
 rejection of a Proposal.
- Print the company name of the Proposer above.
- Complete the signature block below: a) print the name of the Proposer; b) print the name of the
 representative authorized to legally bind the Proposer who will sign this form; c) provide the signature of
 said representative; d) include the date on which this form is signed.
- Return this completed form with the Proposal.

Exhibit 1: Pro Forma Contract (DOA-3049)	Have read and signed.
Exhibit 2: Standard Terms and Conditions (DOA-3054)	Have read and understand.
Exhibit 3: Supplemental Standard Terms and Conditions for Procurement for Services (DOA-3681)	Have read and understand.
Exhibit 4: Department Terms and Conditions	Have read and understand.
FORM A: Proposer Checklist	Have read, completed, and signed.
FORM B: Mandatory Proposer Qualifications	Have read, completed, and signed.
FORM C: Subcontractor Information	Have read, completed, and signed.
FORM D: ETG0004/ETG0006 Designation of Confidential and Proprietary Information	Have read, completed, and signed.
FORM E: Request for Proposal (DOA-3261)	☐ Have read, completed, and signed.
FORM F: ETG0004/ETG0006 Non-Disclosure Agreement (NDA)	☐ Have read, completed, and signed.
FORM G: Vendor Information (DOA-3477)	Have read, completed, and signed.
FORM H: Vendor References (DOA-3478)	Have read, completed, and signed.
FORM I – Cost Proposal	Have read, completed, and signed.
Current W-9 (use online IRS Form)	Have read, completed and signed.
Appendix 1: 834 Companion Guide	Have read and understand.
Appendix 2: Data Specifications – Pharmacy	Have read and understand.



Department of Employee Trust Funds P.O. Box 7931 Madison, WI 53707-7931

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Appendix 3: Data Specifications – Wellness (Proposed)	Have read and understand.
Appendix 4: Data Specifications – Medical	Have read and understand.
Appendix 5: Data Specifications – Dental	Have read and understand.
Appendix 6: Data Specifications – Provider (Proposed)	Have read and understand.
Appendix 7: Plan Utilization and Rate Review Information	Have read and understand.
Appendix 8: Sample Healthcare Performance Metrics	Have read and understand.
Appendix 9: Data Submitting Entities	Have read and understand.
Appendix 10 – Mandatory Requirements – Tab A: Technical Requirements	Have read and understand.
Appendix 10 – Mandatory Requirements – Tab B: Reporting Requirements	Have read and understand.
Appendix 10 – Mandatory Requirements – Tab C: Performance Standards	Have read and understand.
Appendix 11 – Technical Questionnaire	Have read and completed.
RFP Section 2: Preparing and Submitting a Proposal	Have complied with all requirements.
RFP Section 3: Proposal Selection and Award Process	Have read and understand.
RFP Section 6: General Questionnaire	Have complied with all requirements.
RFP Section 7: Technical Questionnaire	Have complied with all requirements.
RFP Section 8: Cost	Have complied with all requirements.
RFP Section 9: Contract Terms and Conditions	Have read and understand.

Proposer Company Name:

Printed Name of Authorized Representative

Signature of Authorized Representative

Date