**ETH0052-Third Party Administration of Health Savings Accounts (HSA); ETH0053-Third Party Administration of Section 125 Cafeteria Plan and Employee Reimbursement Accounts (ERA); ETH0054-Third Party Administration of Commuter Fringe Benefit Accounts**

The following requirements are Mandatory for all Proposers. Failure to comply with one or more of the Mandatory qualifications may disqualify the Proposer.

**Instructions:**

1. Check “Agree” or “Disagree” to each Mandatory requirement as appropriate.
2. Complete the “ACKNOWLEDGE AND ACCEPT” section:
* 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).

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| **Agree** | **Disagree** | **Sec.** | **Qualification** |
|[ ] [ ]  **4.1** | Pursuant to Wis. Stat. § 16.705 (1r), services must be performed within the United States. |
|[ ] [ ]  **4.2** | Proposer agrees that any work products developed by Proposer as part of the project described in this RFP (e.g. all written reports, drafts, presentations and meeting materials, etc.) shall become the property of the Department. |
|[ ] [ ]  **4.3** | The Proposer shall have no conflict of interest with regard to any other work performed by the Proposer for the State of Wisconsin. |
|[ ] [ ]  **4.4** | The Proposer shall not be suspended or debarred from performing federal or State government work. |
|[ ] [ ]  **4.5** | During the past five (5) years, the Proposer must not have been in bankruptcy or receivership or been involved with any litigation alleging breach of contract, fraud, breach of fiduciary duty or other willful or negligent misconduct. If the Proposer provides a response of “DISAGREE,” Proposer must provide details of any pertinent judgment, criminal conviction, investigation or litigation pending against the Proposer. |

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| **ACKNOWLEDGE AND ACCEPT:** |
| This form has been reviewed by me and shall become part of the final Contract. I am a duly authorized representative of my company and have the authority to legally bind my company. I hereby acknowledge and accept responsibility for the accuracy of the responses given above. I further accept that my company’s Proposal *may* be rejected on the grounds that any item listed above is marked as “Disagree.” Also, I acknowledge I have specified and provided a reason for any answer marked as “Disagree” in TAB 3 Assumptions and Exceptions of my company’s Proposal. |
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| 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. |