**Proposer Verification of Data Submission to the Board’s Consulting Actuary**

**Form Instructions:**

1. This form shall be completed by marking the check boxes shown below. By marking these boxes you are acknowledging each file has been submitted through Segal’s Secure File Transfer system up to and by the due date and time listed in Section 1.9 Calendar of Events as “Proposals Due Date and Time.”
2. Fill out the Company Name.
3. Print the name of the representative authorized to legally bind the company.
4. Provide the signature of the individual authorized to legally bind the company.
5. Date the form.
6. Submit the form as instructed in Section 2.4 Proposal Organization and Format.

|  |  |
| --- | --- |
| Have completed and submitted | Attachment A – Regional Bid Designation |
| Have completed and submitted | Attachment B – Network Access |
| Have completed and submitted | Attachment C – Repricing Layout |
| Have completed and submitted | Attachment D – Repricing – Service Category |
| Have completed and submitted | Attachment E – Repricing - Providers |
| Have completed and submitted | Attachment F – Repricing – Contract Types |
| Have completed and submitted | Attachment G – Contract Improvements |
| Have completed and submitted | Attachment H – Market Pricing |
| Have completed and submitted | Attachment I – ASO Fees |
| Have completed and submitted | Attachment J – Capitation |
| Have completed and submitted | Attachment K – Self Insured Projection |
| Have completed and submitted | Attachment L – Actuarial Certification |

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: |  | | |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| Authorized Printed Name | |  |  |
|  | |  |  |
|  | |  |  |
| Authorized Signature | |  | Date |