**Instructions:**

1. 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.
2. Print company name.
3. Print the name of the representative signing this form (must be authorized to legally bind the company).
4. Provide the signature of the individual authorized to sign this form (to legally bind the company).
5. Date the form.
6. Return this form per Section 2.4 of the RFP (TAB 1).

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| --- | --- |
| Exhibit 1: Pro Forma State of Wisconsin Contract (includes the Pro Forma Contract By Authorized Board and the Pro Forma State of Wisconsin Pharmacy Benefit Program Agreement) |  Have read and understand. |
| 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. |
| Appendix 1 – 834 Companion Guide |  Have read and understand. |
| Appendix 2 – Data Specifications – Pharmacy |  Have read and understand. |
| Appendix 3 – Data Specifications – Wellness |  Have read and understand. |
| Appendix 4 – Data Specifications – Medical |  Have read and understand. |
| Appendix 5 – Data Specifications – Dental |  Have read and understand. |
| Appendix 6 – State Employer Group Roster (ET-1404) |  Have read and understand. |
| Appendix 7 – Local Employer Group Roster (ET-1407) |  Have read and understand. |
| Appendix 8 – Health Insurance Fact Sheet (ET-8902) |  Have read and understand. |
| Appendix 9 – Pharmacy Benefit Program Fact Sheet (ET-8933) |  Have read and understand. |
| Appendix 10 – Data Warehouse and Business Intelligence Data Flow  |  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: Proposer Verification of Data Submission to Board Actuary |  Have read, completed, signed and emailed to *ETFSMBProcurement@etf.wi.gov.* |
| FORM E: Designation of Confidential and Proprietary Information |  Have read, completed, and signed. |
| FORM F: Non-Disclosure Agreement (NDA) |  Have read, completed, signed and emailed to *ETFSMBProcurement@etf.wi.gov.* |
| FORM G: Request for Proposal (DOA-3261)  |  Have read, completed, and signed. |
| FORM H: Vendor Information (DOA-3477)  |  Have read and completed. |
| FORM I: Vendor References (DOA-3478) |  Have read and completed. |
| Current W-9 (use online IRS Form) |  Have read, completed, and signed. |

**The checklist for Section 8 Attachments is included in FORM D.**

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| Proposer Company Name: |       |
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|       |  |  |
| Printed Name of Authorized Representative |  |  |
|  |  |  |
|  |  |       |
| Signature of Authorized Representative |  | Date |