**Instructions:**

1. Submit the files listed below as instructed in RFP Section 8, Cost, Data Utilization and Network Submission Requirements.
2. Complete this form by marking the check boxes below. By marking the check boxes below the Proposer acknowledges each file listed has been submitted through Segal’s Secure File Transfer system by the due and time listed in RFP Section 1.9 Calendar of Events, Proposal Due Date.
3. Complete the signature block below: a) print the name of the Proposer (company name); 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.
4. Submit this form as instructed in RFP Section 8 Cost, Data Utilization and Network Submission Requirements.

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| Network Accessibility Reports (RFP Sec. 8.1):• GeoAccess Summary and Back-up Detail• Urban/Suburban/Rural Standards/Enrollees Table• National Network Description |  Have completed all and submitted to Segal |
| Attachment B – Network Disruption File – Commercial (RFP Sec. 8)• Network Disruption Analysis - Commercial |  Have completed and submitted to Segal |
| Attachment C – Network Disruption File – EGWP (RFP Sec. 8)• Network Disruption Analysis - EGWP |  Have completed and submitted to Segal |
| Attachment D – Repricing File – Commercial (RFP Sec. 8.2)• Proposed Formulary Disruption Analysis - Commercial |  Have completed and submitted to Segal |
| Attachment E – Repricing File – EGWP (RFP Sec. 8.2)• Proposed Formulary Disruption Analysis - EGWP |  Have completed and submitted to Segal |
| Attachment F – RFP ETF0013 Cost Proposal (RFP Sec. 8, 8.2) |  Have completed and submitted to Segal |

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