**ETI0047 Third Party Administration of the Wisconsin Public Employers Group Life Insurance Program**

This form must be completed by the Proposer by marking the appropriate check-boxes below. By marking these boxes, Proposer acknowledges compliance with these items.

**Instructions:**

1. Review/complete each appendix/form listed below. Check the appropriate boxes.
2. Complete the Proposer information box:

* 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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| --- | --- | --- |
| **Appendix 1:** Pro Forma Contract by Authorized Board |  | Have read and understand |
| **Appendix 2:** Department Terms and Conditions |  | Have read and understand |
| **Appendix 3:** Background Information |  | Have reviewed |
| **Appendix 4:** Employer Overview |  | Have reviewed |
| **Appendix 5:** Schedule of Benefits |  | Have read and understand |
| **Appendix 6:** Program Requirements |  | Have read and understand |
| **Appendix 7:** Funding Arrangements |  | Have read and understand |
| **Appendix 8:** Enrollment Tables |  | Have reviewed |
| **Appendix 9:** Historical Claims Experience |  | Have reviewed |
| **FORM A:** Proposal Checklist (this form) |  | Completed and signed |
| **FORM B:** Mandatory Proposer Qualifications |  | Completed and signed |
| **FORM C:** Subcontractor Information |  | Completed |
| **FORM D:** Request for Proposal Signature Page |  | Completed and signed |
| **FORM E:** Vendor Information |  | Completed |
| **FORM F:** Vendor References |  | Completed |
| **FORM G:** Designation of Confidential and Proprietary Information |  | Completed and signed |
| **FORM H:** Non-Disclosure Agreement (NDA) |  | Completed and signed |
| **FORM I:** Cost Proposal Workbook |  | Completed and signed |
| **Current W-9** (use online IRS Form) |  | Completed and signed |

**Proposer Information:**

|  |  |
| --- | --- |
| 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. |