**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. |