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

The following requirements are Mandatory for all Proposers. Failure to comply with one or more of the Mandatory qualifications may disqualify the Proposer.

**Instructions:**

1. Check “Agree” or “Disagree” to each Mandatory requirement as appropriate.
2. Complete the “ACKNOWLEDGE AND ACCEPT” section:

* 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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| --- | --- | --- | --- |
| **Agree** | **Disagree** | **Sec.** | **Qualification** |
|  |  | **4.1** | Pursuant to Wis. Stat. § 16.705 (1r), services must be performed within the United States. |
|  |  | **4.2** | Proposer agrees that all work products developed by Proposer for the Department (e.g. all written reports, drafts, presentations and meeting materials, etc., required under the Contract) shall become the property of the Department. |
|  |  | **4.3** | The Proposer shall have no conflict of interest with regard to any other work performed by the Proposer on behalf of the State of Wisconsin. |
|  |  | **4.4** | The Proposer shall not be suspended or debarred from performing federal or State government work. |
|  |  | **4.5** | During the past five (5) years, the Proposer has not been in bankruptcy or receivership or been involved with any litigation alleging breach of contract, fraud, breach of fiduciary duty or other willful or negligent misconduct. (If the Proposer provides a response of “Disagree,” Proposer must provide details of any pertinent judgment, criminal conviction, investigation or litigation pending against the Proposer.) |
|  |  | **4.6** | The Proposer meets or exceeds two (2) of the Minimum Ratings listed below assigned by the following rating companies: |

|  |  |
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| Company | Minimum Rating |
| A.M. Best | A- |
| Standards & Poor | AA- |
| Moody's | Aa3 |

*Continued on next page.*

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| **Agree** | **Disagree** | **Sec.** | **Qualification** |
|  |  | **4.7** | Proposer’s company is in a financial size category rating from A.M Best of IX (9) or greater. |
|  |  | **4.8** | Proposer had group life insurance premium of $250,000,000 or more in 2019. |
|  |  | **4.9** | Proposer is licensed to provide life insurance in the State of Wisconsin. |
|  |  | **4.10** | Proposer can meet the requirements listed in RFP Appendix 5 – Schedule of Benefits and Appendix 6 – Program Requirements. |
|  |  | **4.11** | Proposer, if awarded the Contract, will provide a Lead Account Manager and a backup Account Manager assigned to the State of Wisconsin for the life of the Contract. |
|  |  | **4.12** | Proposer, if awarded the Contract, will make representatives who are trained in the Program available at in-State benefit fairs, in-person visits and training events for State and Local Employers and Employees. |
|  |  | **4.13** | Proposer, if awarded the Contract, shall formally support Program appeals as described in the links in Appendix 6 – Program Requirements and meet the complaints and appeals requirements of the Wisconsin Office of the Commissioner of Insurance (OCI). |
|  |  | **4.14** | Proposer, if awarded the Contract, will host a customized web page(s) that includes Program information, and customized communications for the State and Local Government Program participants. |
|  |  | **4.15** | Proposer has experience working with plans of over 50,000 participants. |

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| **ACKNOWLEDGE AND ACCEPT:** | | |
| This form has been reviewed by me and shall become part of the final Contract. I am a duly authorized representative of my company and have the authority to legally bind my company. I hereby acknowledge and accept responsibility for the accuracy of the responses given above. I further accept that my company’s Proposal *may* be rejected on the grounds that any item listed above is marked as “Disagree.” Also, I acknowledge I have specified and provided a reason for any answer marked as “Disagree” in TAB 3 Assumptions and Exceptions of my company’s Proposal. | | |
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| 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. |