**ETJ0045 – Third Party Administration of the State of Wisconsin Employee Trust Funds Uniform Dental Benefit**

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 and 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 2.4.1 of the RFP (TAB 1).

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| --- | --- |
| **Form A:** Proposal Checklist |[ ]  Completed and signed (this form) |
| **Form B:** Mandatory Proposer Qualifications |[ ]  Completed and signed |
| **Form C:** Subcontractor Information |[ ]  Completed and signed |
| **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:** Cost Proposal Workbook |[ ]  Completed and signed |
| **Form I:** SFTP Access Request Form |[ ]  Completed, signed, and submitted |
| **Appendix 1:** Pro Forma Contract |[ ]  Have read and understand |
| **Appendix 2:** Department Terms and Conditions |[ ]  Have read and understand |
| **Appendix 3:** Uniform Dental Benefit Program Overview |[ ]  Have reviewed |
| **Appendix 4:** Employer Overview |[ ]  Have reviewed |
| **Appendix 5:** Program Agreement |[ ]  Have read and understand |
| **Appendix 6:** Dental Provider Proximity to Members |[ ]  Have reviewed |
| **Appendix 7:** Enrollment Tables |[ ]  Have reviewed |
| **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. |