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

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).

|  |  |  |  |
| --- | --- | --- | --- |
| **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 as part of the Services described in this RFP (e.g. all written reports, drafts, presentations and meeting materials, etc.) 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 in any litigation alleging breach of conduct, fraud, breach of fiduciary duty, or other willful or negligent misconduct. |
|[ ] [x]  **4.6** | Proposer acknowledges that Appendix 5 – Program Agreement can be met as listed in the RFP document. |
|[ ] [ ]  **4.7** | 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. |
|[ ] [ ]  **4.8** | 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. |
|[ ] [ ]  **4.9** | Proposer, if awarded the Contract, shall formally support Program appeals as described in the links in Appendix 5 - Program Requirements and meet the complaints and appeals requirements of the Wisconsin Office of the Commissioner of Insurance (OCI). |
|[ ] [ ]  **4.10** | Proposer, if awarded the Contract, will host a customized web page(s) that includes Program information and customized communications for Program participants and employers. |
|[x] [ ]  **4.11** | Proposer, if awarded the Contract, must have providers located in each Wisconsin County or an adjacent Wisconsin County and around the United States. |
|[ ] [ ]  **4.12** | Proposer must have experience working with plans of over 150,000 participants. |
|[ ] [ ]  **4.13** | Proposer’s quoted Administrative Services Only (ASO) represent administration of the Dental Preferred Provider Organization (DPPO) product. |
|[ ] [ ]  **4.14** | Proposer’s quoted fees are guaranteed maximum fees, regardless of actual enrollment, for the term of the Contract. |
|[ ] [ ]  **4.15** | Proposer’s quoted Per-Employee-Per Month (PEPM) fees are all-inclusive, representing all direct and indirect costs including but not limited to, plan administration and claims payment, customer service, member communication, network access, potential utilization review and/or care management, routine underwriting and actuarial-related contract services, standard and ad-hoc reporting, general and administrative overhead, corporate and other overhead, profit, etc. No other fees or charges may be added to the Contract after award, nor will the Contractor be compensated on any basis other than the applicable PEPM fees. |
|[ ] [ ]  **4.16** | Proposer will provide routine underwriting and actuarial-related Contract Services, at no additional cost. |
| **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. |
|  |  |

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