**RFPs ETD0055-59 Actuarial Audits**

This form must be completed by the Proposer by marking the appropriate check-boxes below.

**Instructions:**

1. Review/complete each appendix/form listed below. Check the appropriate boxes.
2. Enter the requested information in the Proposer Information box, sign, and date:
3. Return this form per Section 2.4 of the RFP.

|  |  |
| --- | --- |
| **Appendix 1:** Income Continuation Insurance Scope of Work & Technical Questionnaire  |[ ]  Completed, if applicable |
| **Appendix 2:** Duty Disability Insurance Scope of Work & Technical Questionnaire |[ ]  Completed, if applicable |
| **Appendix 3:** Sick Leave Program Scope of Work & Technical Questionnaire |[ ]  Completed, if applicable |
| **Appendix 4:** Life Insurance Scope of Work & Technical Questionnaire |[ ]  Completed, if applicable |
| **Appendix 5:** Health Insurance Scope of Work & Technical Questionnaire |[ ]  Completed, if applicable |
| **Appendix 6:** Pro Forma Contract by Authorized Board (Sample) |[ ]  Have read  |
| **Appendix 7:** Department Terms and Conditions v. 12.1.2023 |[ ]  Have read |
| **Form B:** Mandatory Requirements and 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, as applicable |
| **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:*(must be authorized to legally bind the company)* | Click or tap here to enter text. |
|  |  |
| Authorized Representative Signature: |  |
|  |  |
| Signature Date: | Click or tap here to enter text. |