**RFPs ETD0055-59 Actuarial Audits**

**Instructions:**

1. Check “Agree” or “Disagree” to each 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. Include any clarifications, assumptions or exceptions to the requirements and qualifications below in the Assumptions/Exceptions section your Proposal.
2. Return this Form per Section 2.4 of the RFP.

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| **Agree** | **Disagree** | **Sec.** | **Qualification** |
|[ ] [ ]  **4.1** | If awarded a Contract, the Services provided by the Proposer to the Department under the Contract will be performed within the United States. |
| [ ]  |[ ]  **4.2** | Proposer confirms it is able to meet the requirements listed in the RFP, including the requirements in the Appendices applicable to the RFP(s) for which the Proposer is submitting a Proposal and will meet such requirements should the Proposer receive a Contract award.  |
|[ ] [ ]  **4.3** | Proposer confirms the lead actuary, who will be responsible for the audit, is a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries with at least five years of relevant experience in public practice performing actuarial valuations, audits, or studies of similar public employee benefit plans.  |
|[ ] [ ]  **4.4** | Proposer agrees that the Proposer can and will perform the audit services according to the generally accepted actuarial standards and practices and the American Academy of Actuaries *Code of Professional Conduct.* |
|[ ] [ ]  **4.5** | All credentialed actuaries included on the project team must satisfy the general qualification standards of the American Academy of Actuaries Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States. |
|[ ] [ ]  **4.6** | 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) will become the property of the Department. |
|[ ] [ ]  **4.7** | With regard to the services that Proposer is offering to the Department, Proposer currently has and will have no conflict of interest. |
|[ ] [ ]  **4.8** | The Proposer is not currently suspended or debarred from performing federal or State government work. Proposer will notify the Department if Proposer becomes suspended or debarred from performing federal or State government work during the RFP process and during the Contract term should Proposer receive a Contract award.  |
|[ ] [ ]  **4.9** | 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.) Proposer will notify the Department if Proposer enters into bankruptcy or receivership or becomes involved with any litigation alleging breach of contract, fraud, breach of fiduciary duty or other willful or negligent misconduct during the RFP process and during the Contract term should Proposer receive a Contract award. |

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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 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. |