**ETD0050 IYC Medicare Advantage Plan and ETD0051 Medicare Plus Plan**

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/form listed below; check the appropriate boxes; **2)** Enter the requested information in the Proposer Information table, sign, and date; **3)** Return this form per RFP Section 2.5.

|  |  |  |
| --- | --- | --- |
| **Appendix 9:** Non-Disclosure Agreement among Vendor, the Department, and Board Actuary |  | Have signed and returned |
| **Appendix 10:** Pro Forma Contract by Authorized Board |  | Have read |
| **Appendix 11:** Department Terms and Conditions |  | Have read |
| **Appendix 12:** Data Supplier Agreement (sample) |  | Have read |
| **Appendix 13:** Non-Disclosure Agreement (Data Out) |  | Have read |
| **FORM B:** Attestations/Confirmations |  | Completed, signed, included with Proposal |
| **FORM C:** Subcontractor Information |  | Completed and included with Proposal |
| **FORM D:** Request for Proposal Signature Page |  | Completed, signed, included with Proposal |
| **FORM E:** Vendor Information |  | Completed and included with Proposal |
| **FORM F:** Vendor References |  | Completed and included with Proposal |
| **FORM G:** Designation of Confidential and Proprietary Information |  | Completed, signed, included with Proposal |
| **Current W-9** (use online IRS Form) |  | Completed, signed, included with Proposal |

**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. |