**RFP ETC0049** Administrative Services for the State of Wisconsin Pharmacy Benefit Program

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.

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| Appendix 1: State of Wisconsin Pharmacy Benefit Program Agreement |[ ]  Have read |
| Appendix 2: Pharmacy Performance Guarantees |[ ]  Have read |
| Appendix 3: 2024 Functional Specification Drug |[ ]  Have read |
| Appendix 4: GHIP Employer Information |[ ]  Have read |
| Appendix 5: 834 Overview & Companion Guide |[ ]  Have read |
| Appendix 6: Data Supplier Agreement |[ ]  Have read |
| Appendix 7: Non-Disclosure Agreement (Data Out) |[ ]  Have read |
| Appendix 8: Pro Forma Contract (sample) |[ ]  Have read |
| Appendix 9: Department Terms and Conditions v. 12.1.2023 |[ ]  Have read |
| Appendix 10: NDA among Vendor, Department, Board Actuary |[ ]  Have signed and returned to ETF by 5.1.24 by 2:00 PM CDT |
| Appendix 11: Merative - Data Supplier Agreement (template) |[ ]  Have read |
| Appendix 12: NDA and DSA with Benefitfocus (sample) |[ ]  Have read |
| Form A: This Proposer Checklist |[ ]  Completed and retuned with proposal |
| Form B: Mandatory Requirements and Qualifications  |[ ]  Completed, signed, and returned with proposal |
| Form C: Subcontractor Information  |[ ]  Completed and returned with proposal |
| Form D: Request for Proposal Signature Page |[ ]  Completed, signed, and returned with proposal |
| Form E: Vendor Information  |[ ]  Completed and returned with proposal |
| Form F: Vendor References  |[ ]  Completed and returned with proposal |
| Form G: Designation of Confidential and Proprietary Information  |[ ]  Completed, signed, and returned with proposal |
| Current W-9 (use online IRS Form) |[ ]  Completed, signed, and returned with proposal |

**Proposer Information:**

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| 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. |