**ETH0052-Third Party Administration of Health Savings Accounts (HSA); ETH0053-Third Party Administration of Section 125 Cafeteria Plan and Employee Reimbursement Accounts (ERA); ETH0054-Third Party Administration of Commuter Fringe Benefit Accounts**

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. **NOTE:** some of the items are specific to the different programs included under this RFP and may not apply to your Proposal.

**Instructions:**

1. Review/complete each exhibit/appendix/form listed below as appropriate for the programs you are proposing. Check the appropriate boxes.
2. Complete the Proposer information box:

* 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).

|  |  |  |
| --- | --- | --- |
| **Appendix 1:** Pro Forma Contract by Authorized Board |  | Have read and understand |
| **Appendix 2:** Department Terms and Conditions |  | Have read and understand |
| **Appendix 3:** AnnualIt’s Your Choice Activity Overview |  | Have read and understand |
| **Appendix 4:** State Employer Organizational Relationship Overview |  | Have read and understand |
| **Appendix 5:** State Employer Group Roster (ET-1404) |  | Have read and understand |
| **Appendix 6:** Health Savings Account Program Overview (if proposing for this program) |  | Have read and understand |
| **Appendix 7:** Section 125 Cafeteria Plan and Employee Reimbursement Accounts (ERA) Program Overview (if proposing for this program) |  | Have read and understand |
| **Appendix 8:** CommuterFringe Benefit Accounts Program Overview (if proposing for this program) |  | Have read and understand |
| **Appendix 9:** State of Wisconsin Program Agreement |  | Have read and understand |
| **Appendix 10:** General Questionnaire |  | Completed |
| **Appendix 11:** Technical Questionnaire |  | Completed |
| **Appendix 11A:** Technical Questionnaire: HSA Supplement (if proposing for this program) |  | Completed |
| **Appendix 11B:** Technical Questionnaire: Section 125 Cafeteria Plan/ERA Supplement (if proposing for this program) |  | Completed |
| **Appendix 11C:** Technical Questionnaire: Commuter Fringe Benefit Supplement (if proposing for this program) |  | Completed |
| **FORM A:** Proposal Checklist (this form) |  | Completed and signed |
| **FORM B:** Mandatory Proposer Qualifications |  | Completed and signed |
| **FORM C:** Subcontractor Information |  | Completed |
| **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 and signed |
| **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: | Click or tap here to enter text. |
|  |  |
| Authorized Representative Signature: |  |
|  |  |
| Signature Date: | Click or tap here to enter text. |