**ETJ0043 Third Party Administration of the State of Wisconsin Income Continuation Insurance 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 boxes as appropriate.
2. Complete the Proposer information box:
3. Return this form per Section 2.5.1 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 |
| **RFP Section 5:** Required Attestation  |[ ]  Completed |
| **RFP Section 6:** General Questionnaire |[ ]  Completed |
| **RFP Section 7:** Technical Questionnaire |[ ]  Completed |
| **FORM A:** Proposal Checklist (this form) |[ ]  Completed |
| **FORM B:** Mandatory Proposer Qualifications |[ ]  Completed |
| **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:** Non-Disclosure Agreement |[ ]  Completed and signed |
| **FORM I:** Cost Proposal Workbook |[ ]  Completed |
| **FORM J:** ETF SFTP Vendor Access Request |[ ]  Completed/returned by due date specified in the RFP |
| **Current W-9** (use online IRS Form) |[ ]  Completed |

**Proposer Information:**

|  |  |
| --- | --- |
| Proposer Company Name: | Click or tap here to enter text. |
| Name & Title of Authorized Representative: | Click or tap here to enter text. |