**ETD0052 Third Party Administration of the Health Savings Account Benefit Program**

**ETD0053 Third Party Administration of the Section 125 Cafeteria Plan, Employee Reimbursement Account and Commuter Fringe Benefit Account Programs**

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; **3)** Return this form per RFP Section 2. Electronic signature is acceptable.

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| --- | --- | --- |
| **Appendix 2:** Department Terms and Conditions |  | Have read |
| **FORM B:** Mandatory Proposer Qualifications |  | 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 |
| **FORM H:** Cost Proposal Workbook |  | Completed, signed, uploaded to Box as separate file |
| **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. |