**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**

**Instructions: 1)** List all Proposer Subcontractors, consultants and suppliers (including Proposer subsidiaries) that will provide services, supplies, products, content as part of the Services to be delivered under the Contract; **2)** Complete the Proposer Information table; **3)** add additional copies of this form as necessary; **4)** Return this form per RFP Section 2. Electronic signature is acceptable.

**\*This Form must be updated and re-submitted to the Department as Subcontractors are added/removed.\***

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| **Name of Subcontractor/ Consultant/Supplier** | **Address** | **Work/Service/Product/Content to be Performed/Supplied** |
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**Proposer Information:**

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| Proposer Company Name: | Click or tap here to enter text. |
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| Name & Title of Authorized Representative: | Click or tap here to enter text. |
|  |  |
| Authorized Representative Signature:(must be authorized to legally bind the Proposer) |  |
|  |  |
| Signature Date: | Click or tap here to enter text. |