

[TO BE COMPLETED ON HMO'S LETTERHEAD]

Date

HMO Procurement Manager
Employee Benefits Division – Room 1106
NYS Department of Civil Service
Albany, NY 12239

**RE: HMO Specifications entitled:
“2016 HMO Specifications for the New
York State Health Insurance Plan
(NYSHIP)” Firm Offer to the State of New
York**

[INSERT HMO NAME] hereby submits this firm and binding offer to the State of New York in response to the Department's HMO Specifications entitled “**2016 HMO Specifications for the New York State Insurance Plan (NYSHIP)**.” The Proposal hereby submitted meets or exceeds all terms, conditions, and requirements set forth in the above-referenced Specifications and in the manner set forth in these Specifications.

[INSERT HMO NAME] accepts the terms and conditions as set forth in Specifications, Section VI and Appendices A, B, C, and D and agrees to satisfy the comprehensive programmatic duties and responsibilities outlined in these Specifications in the manner set forth in these Specifications.

[INSERT HMO NAME] agrees to execute a contractual agreement composed substantially of the terms and conditions set forth in the draft contract included in these Specifications, and accepts as non-negotiable the terms and conditions set forth in Appendices A, B, C and D to the draft contract.

[INSERT HMO NAME] further agrees, if selected as a result of these Specifications, to comply with 1) the provisions of Tax Law Section 5-a, Certification Regarding Sales and Compensating Use Tax; and 2) the Workers' Compensation Law as set forth in Section II.B.7 of these Specifications.

This formal offer will remain firm and non-revocable for a minimum period of 365 days from the Proposal Due Date as set forth in these Specifications. In the event that a contract is not approved by the NYS Comptroller within the 365 day period, this offer shall remain firm and binding beyond the 365 day period and until a contract is approved by the NYS Comptroller, unless [INSERT HMO NAME] delivers to the Department of Civil Service written notice of withdrawal of its Proposal.

[INSERT HMO NAME]'s complete offer is set forth as follows:

Total of two (2) Original hardcopies both with original signatures and one (1) electronic copy (CD); copy of each proposal sent to each member of the Joint Labor/Management Committee listed on Exhibit II.B.

The undersigned affirms and swears s/he has the legal authority and capacity to sign and make this offer on behalf of, [INSERT HMO NAME] and possesses the legal authority and capacity to act on behalf of [INSERT HMO NAME] to execute a contract with the State of New York.

Exhibit I.S - Formal Offer Letter

The undersigned affirms and swears as to the truth and veracity of all documents included in this offer.

Date: _____

[INSERT HMO NAME]

By: _____
(signature)

(name)

(title)

(phone number)

(email address)

CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT

STATE OF _____ }
: **SS.:**
COUNTY OF _____ }

On the ____ day of _____ in the year 2015, before me personally appeared: _____, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that _he resides at

_____, Town of

_____,
County of _____, State of _____; and further that:

[Check One]

(___ **If a corporation**): _he is the _____ of _____, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, _he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

(___ **If a partnership**): _he is the _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, _he is authorized to execute the foregoing instrument on behalf of the partnership for the purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name and on behalf of said partnership as the act and deed of said partnership.

Notary Public