**[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.

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)**

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| **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** |