

ATTACHMENT 3



Department of
Civil Service

Formal Offer Letter - “Health Maintenance Organizations Specifications for the New York State Health Insurance Program”

[TO BE COMPLETED ON OFFEROR’S LETTERHEAD]

Date:

NYS Department of Civil Service
Agency Building #1, 17th Floor
Empire State Plaza
Albany, New York 12239

**RE: “Health Maintenance Organizations Specifications for the New York State Health Insurance Program”
Firm Offer to the State of New York**

[INSERT OFFEROR NAME] hereby submits this firm and binding offer to the State of New York in response to the Department’s specifications request, entitled “Health Maintenance Organizations Specifications for the New York State Health Insurance Program”. 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 the specifications.

[INSERT OFFEROR NAME] accepts the terms and conditions as set forth in the specifications, Section 8 and Appendices A, B, and C, as modified by the Department and Offeror’s negotiations in response to the *Non-Material Deviations Template* (Attachment 8) and agrees to satisfy the comprehensive programmatic duties and responsibilities outlined in the specifications in the manner set forth in the specifications.

[INSERT OFFEROR NAME] agrees to execute a contractual agreement that includes the terms and conditions set forth in Section 8 of these specifications, and accepts as non-negotiable the terms and conditions set forth in Appendix A. Offeror agrees to only submit for consideration non-material deviations to these specifications and Appendices B, and C using the *Non-Material Deviations Template* (Attachment 8).

[INSERT OFFEROR 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 4.6 and 4.7 of the 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 the specifications. In the event that a contract is not approved by the NYS Comptroller within the ~~180~~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 OFFEROR NAME]** delivers to the Department of Civil Service written notice of withdrawal of its Proposal.

[INSERT OFFEROR NAME]’s complete offer is set forth as follows:

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“Health Maintenance Organizations
Specifications for the New York State Health
Insurance Program”**

Administrative and Technical Proposal:

Total of eight (8) electronic copies on a USB drive that each contain the Administrative and Technical Proposal and three (3) hard copy volumes, including one ORIGINAL hard copy.

Complete Electronic Master Proposal:

One (1) USB drive containing all two sections (Administrative and Technical) of the Offeror’s Proposal and electronic copies of all materials and documents present in the Original hard copies.

Offeror’s Senior Officer Responsible for Account contact information

Name:

Address:

Phone number:

Email address:

(Remainder of this page intentionally left blank)

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

The Offeror certifies that all information provided to the Department with respect to State Finance Law §139-k is complete, true and accurate. The undersigned affirms and swears as to the truth and veracity of all documents included in this offer.

[INSERT OFFEROR NAME]

Signature: _____ Title: _____

PRINT SIGNATORY'S NAME: _____ Date: _____

INDIVIDUAL, CORPORATION, PARTNERSHIP, OR LLC ACKNOWLEDGMENT STATE OF }

Sworn Statement:

COUNTY OF }

On the _____ day of _____ in the year 20____, 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 maintains an office at Town of _____ County of _____, State of _____; and further that:

____ (If an individual): _he executed the foregoing instrument in his/her name and on his/her own behalf.

____ (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 purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.

____ (If a limited liability company): _he is a duly authorized member of _____, LLC, the limited liability company described in said instrument; that, _he is authorized to execute the foregoing instrument on behalf of the limited liability company 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 limited liability company as the act and deed of said limited liability company.

Notary Public _____ Date: _____