Exhibit I.T - Offeror Attestations Form

An authorized representative of the Offeror who is legally authorized to certify the information requested in the name of and on behalf of the Offeror is required to complete and sign the Offeror Attestations and provide all requested information. Offeror's authorized representative must certify as to the truth of the representations made by signing where indicated, below.

CERTIFICATION:

The Offeror (1) recognizes that the following representations are submitted for the express purpose of assisting the State of New York in making a determination to award a contract; (2) acknowledges and agrees by submitting the Attestation, that the State may at its discretion, verify the truth and accuracy of all statements made herein; (3) certifies that the information submitted in this certification and any attached documentation is true, accurate and complete.

| Name of Business Entity Submitting Bid: | | |
|---|-----------------|---|
| Entity's Legal Form: | | □ Corporation □ Partnership □ Sole Proprietorship □ Other □ |
| No. | RFP Ref. | RFP Requirement: |
| 1. | Section III.B.1 | At time of Proposal Due Date, Offeror represents and warrants that it: possesses does not possess the authorization to conduct business in New York State, or, if the Offeror is not authorized at time of Proposal Due Date, at time of Proposal Due Date, the Offerror has filed an application for authority to do business in New York State with the New York State Secretary of State. |
| 2. | Section III.B.2 | At time of Proposal Due Date, Offeror represents and warrants that it: attests does not attest it has completed, obtained or performed all registrations, filings, approvals, authorizations, consents and examinations required by any governmental authority for the provision of the delivery of Project Services and agree that it will, during the term of the Contract, comply with any requirements imposed upon it by law. |
| 3. | Section III.B.3 | At time of Proposal Due Date, Offeror represents and warrants that it: attests does not attest its principal place of business is not located in a state that penalizes New York State vendors and that, if selected goods or services provided under the Agreement will not be substantially produced or performed in such a state. |
| 4. | Section III.B.4 | At time of Proposal Due Date, Offeror represents and warrants that it: attests does not attest has provided similar services for at least one client with a population of 200.000 individuals or more. |

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| 5. | Section III.B.5 | At time of Proposal Due Date, Offeror represents and warrants that it: attests does not attest has successfully registered and been approved to utilize the IRS' Affordable Care Act Information Returns (AIR) system for purposes of transmitting information to the IRS. |
|----|-----------------|--|
| 6. | Section III.B.6 | At time of Proposal Due Date, Offeror represents and warrants that it: attests does not attest it will maintain and make available as required by the State, a complete and accurate set of records as may be required by the State to be produced for review by the State pursuant to the terms and conditions of this RFP, Appendices A and B, and including any and all financial records as deemed necessary by the State to discharge its fiduciary responsibilities to Plan participants and to ensure that public dollars are spent appropriately. |
| 7. | Section III.B.7 | At time of Proposal Due Date, Offeror represents and warrants that it: attests does not attest Its understanding that it must distribute Program communication materials in both paper and/or electronic format. |
| 8. | Section III.B.8 | At time of Proposal Due Date, Offeror represents and warrants that it: attests does not attest at time of Proposal submission, it possesses adequate staffing resources, financial resources and organizational capacity to perform the type, magnitude and quality of work specified in the RFP. |

| Date: | Signature |
|-------|--|
| | [INSERT OFFEROR NAME] [INSERT TITLE] [INSERT COMPANY NAME] |

| CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT | | | | |
|---|--|--|--|--|
| | | | | |
| STATE OF | | | | |
| COUNTY OF } | | | | |
| On the day ofin the year 2018, 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, State of, | | | | |
| | | | | |
| Check One] | | | | |
| (If a corporation): _he is the of | | | | |
| (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 | | | | |