#### **ATTACHMENT 12**



## Offeror Attestations Form RFP entitled: "Patient Protection and Affordable Care Act Compliance Services"

A representative of the Offeror who is legally authorized to bind the Offeror must complete and sign the Offeror Attestations Form and provide all requested information.

#### Offeror Name:

RFP	RFP
Reference	Requirement:
Section 1.4	At time of Proposal Due Date, Offeror represents and warrants that it:  possesses does not possess will comply with all specific duties and responsibilities set forth in Section 1.4 of this RFP, entitled "Offeror Eligibility".
Section 3.1	At time of Proposal Due Date, Offeror represents and warrants that it:  attests does not attest will comply with all specific duties and responsibilities set forth in Section 3.1 of this RFP, entitled "Account Team".
Section 3.3	At time of Proposal Due Date, Offeror represents and warrants that it:  attests does not attest will comply with all specific duties and responsibilities set forth in Section 3.3 of this RFP, entitled "Workforce Analytics".
Section 3.4	At time of Proposal Due Date, Offeror represents and warrants that it:  attests does not attest will comply with all specific duties and responsibilities set forth in Section 3.4 of this RFP, entitled "Statutory IRS (IRC Section 6055 and 6056) Reporting".
Section 3.5	At time of Proposal Due Date, Offeror represents and warrants that it:  □ attests □ does not attest will comply with all specific duties and responsibilities set forth in Section 3.5 of this RFP, entitled "Maintenance of Confidential Employee Records".

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Section 3.6	At time of Proposal Due Date, Offeror represents and warrants that it:  □ attests □ does not attest will comply with all specific duties and responsibilities set forth in Section 3.6 of this RFP, entitled "Transition and Termination of Contract".



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#### **CERTIFICATION:**

Signature:

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; and (3) certifies that the information submitted in this certification and any attached documentation is true, accurate and complete

Title:	
PRINT SIGNATORY'S NAME: Date:	
INDIVIDUAL, CORPORATION, PA	ARTNERSHIP, OR LLC ACKNOWLEDGMENT
COUNTY OF }	Sworn Statement:
On the day of	in the year 20, before me , known to the foregoing instrument, who, being duly sworn by anintains an office at
Ocupty of	, State of; and further that:
	ited the foregoing instrument in his/her name and on
(ii a corporation)ne is the	of
authorized to execute the foregoing set forth therein; and that, pursuan	, the corporation described in said Board of Directors of said corporation, _he is g instrument on behalf of the corporation for purposes t to that authority, _he executed the foregoing behalf of said corporation as the act and deed of said
( <b>If a partnership):</b> _he is the	•
instrument: that by the terms of as	of of of of of of, the partnership described in said id partnership, _he is authorized to execute the
instrument, that, by the terms of sa	nd partnership, _ne is authorized to execute the

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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.

	 , LLC, the limited liability company
on behalf of the limited liability company pursuant to that authority, _he executed	authorized to execute the foregoing instrument
Notary Public	Date: