

**BROWNSVILLE PUBLIC UTILITIES BOARD
REQUEST FOR PROPOSALS
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**LEGAL NOTICE
AND
INVITATION FOR SEALED PROPOSALS
PROPOSAL No: P056-22**

The Brownsville Public Utilities Board (hereafter referred to as the BPUB) will accept sealed proposals for GROUP HEALTH & DENTAL INSURANCE PLAN until **5:00 PM local time, Wednesday, August 3, 2022** in the Brownsville Public Utilities Purchasing Office, 1155 FM 511, Olmito, Texas. Proposals will be opened and acknowledged publicly on Thursday, August 4, 2022 at 10:00 AM. This is a procurement for group health insurance in a municipality with population in excess of 100,000 pursuant to the competitive sealed proposal procedure outlined in the Texas Local Government Code Chapter 252, Subchapter B, Sections 252.021 (c); 252.041 (b); 252.042 (a), (b); 252.043 (b); and 252.049 (b). At the proposal opening, only the identity of the proposers will be disclosed by the BPUB. The proposals will be forwarded to BPUB's insurance committee for review, tabulation and analysis. The contents of each proposal will not be disclosed in order to protect the integrity of the follow-on negotiation process with short-listed candidates. To obtain the best and final offer(s), revisions by short-listed candidates may be permitted after original proposal submission, and before contract award. All proposals will be later made available to the public for inspection after the contract is awarded. If a proposer indicates and justifies in his proposal(s) that certain information in the proposal(s) is confidential or a trade secret, the BPUB will review those materials with the proposer prior to releasing the materials for public inspection after the contract award.

Detailed specifications, including the criteria for proposal evaluations, may be obtained at the following webpage: https://www.brownsville-pub.com/rfp_status/open/

Please mark on the outside of the submitted envelope or on any carrier's envelope: **"P056-22 SEALED PROPOSAL FOR GROUP HEALTH & DENTAL INSURANCE PLAN, AUGUST 3, 2022, 5:00 PM"** and send to the attention of Diane Solitaire, Purchasing Department, 1155 FM 511, Warehouse, Olmito, Texas 78575.

The BPUB reserves the right to reject any or all competitive sealed proposals and waive any irregularities contained therein and to accept any competitive sealed proposals deemed most advantageous to the BPUB, any competitive sealed proposal received after **5:00 PM, local time, Wednesday, August 3, 2022** will be automatically rejected and returned to the proposer unopened. **BPUB will not accept faxed or emailed proposals.**

Any response received that includes an insurance agent/broker involvement will be rejected. All insurance companies, third party administrators, pharmacy benefit managers, stop loss carriers, etc. should provide quotes that do not include any commissions, contingencies, or over-rides, etc.

The BPUB will not be responsible in the event that the U.S. Postal Service or any other carrier system fails to deliver the sealed proposal to the BPUB, Purchasing Office by the given deadline above.

By:

Diane Solitaire

Purchasing Department

(956) 983-6366



June 7, 2022

TO WHOM IT MAY CONCERN:

Re: Employee Benefit Insurance Plans

The Brownsville Public Utilities Board (BPUB) has engaged Kenneth D. Wethe to review our employee benefit insurance plans for 2022-2023 fiscal year. Mr. Wethe is authorized to obtain information on our behalf related to his review and analysis of the district's employee benefit insurance plans.

Mr. Wethe and his firm, Wethe & Associates, Inc. are independent insurance consultants that receive a fee for services rendered directly from the BPUB. They do not receive any type of compensation from the insurance industry.

Please extend to Mr. Wethe every courtesy you would extend to an employee of the district.

Sincerely,

A handwritten signature in blue ink, appearing to read "John S. Bruciak", is written over a blue horizontal line.

John S. Bruciak P.E.
General Manager & CEO

c: File

Please submit this page upon receipt

ACKNOWLEDGEMENT FORM
GROUP HEALTH & DENTAL INSURANCE PLAN
P056-22

For any clarifications, please contact Diane Solitaire at Brownsville PUB Purchasing Department at (956) 983-6366 or e-mail: dsolitaire@brownsville-pub.com

Please email this page upon receipt of the RFP package or legal notice. If you only received the legal notice and you want the RFP package mailed please provide a method of shipment with account number in the space designated below.

Check one:

Yes, I will be able to send a RFP; obtained RFP package from website.

Yes, I will be able to send a RFP; please email the RFP package.

Email: _____

Yes, I will be able to send a RFP; please mail the RFP package using the carrier & account number listed below:

Carrier: _____

Account: _____

No, I will not be able to send a RFP for the following reason:

If you are unable to send your proposal, kindly indicate your reason above and return this form **via email to:** dsolitaire@brownsville-pub.com. This will ensure you remain active on our vendor list.

EXPANDED HEALTH & DENTAL PLAN CLAIM EXPERIENCE

Upon return of this acknowledgement form, the expanded health plan claim experience information, census and plan document will be provided to the email address listed below. The company listed below agrees that the information to be provided is confidential and is to only be used by company in connection with preparing a proposal for stop loss insurance. The company also agrees not to release this information and to comply with Federal and State privacy and insurance laws and regulations and notify BPUB in writing within five (5) days if they receive a request for such information.

Company Name

Authorized Signature

Address

Type Signatory's Name and Title

Date

Telephone Number / Fax Number

Date

Signatory's Email Address

NOTICE TO PROPOSERS

Information provided in these specifications is to be used for purposes of preparing a proposal detailing costs of providing the services and insurance specified. It is further expected that each proposer will read these specifications with care, since failure to meet each condition or a combination of specified conditions may annul the proposal.

The Brownsville Public Utilities Board (hereafter referred to as the BPUB) reserves the right to reject any or all proposals or any portion thereof and to accept the proposal deemed most advantageous to the BPUB.

Any response received that includes an insurance agent/broker involvement will be rejected. All insurance companies, third party administrators, pharmacy benefit managers, stop loss carriers, etc. should provide quotes that do not include any commissions, contingencies, or over-rides, etc.

Proposers are required to submit proposals on the basis of these specifications. Alternative proposals (for service on a basis different from requested in these specifications) will receive consideration if such alternatives are clearly explained. Any exceptions to coverage requested herein must be clearly noted in writing and be included as a part of the proposal.

BPUB believes that the data contained in these specifications is sufficient for preparation of a proposal. The information is believed to be accurate and is based upon the latest available information, but it is not to be considered in any way as a warranty. Requests for additional information should be directed in writing to Diane Solitaire, Purchasing, 1155 FM 511, Olmito, TX 78575; or Email to: dsolitaire@brownsville-pub.com.

THE BPUB SYSTEM

The City, located in Cameron County on the Rio Grande approximately 23 miles from the Gulf of Mexico, is a home rule city organized and existing under the laws of the state of Texas, including the City's Charter, as amended (the "charter"). The City owns and operates a combined electric, water, and wastewater utilities system (collectively, the "system") serving the City and certain areas outside the city. The City's authority with regard to public utility ownership and services is generally exercised through the Brownsville Public Utilities Board (the "Board"). The Board, created and established by Article VI of the Charter as a separate and distinct agency of the city, has authority to control, manage, and operate the system and to expand and apply System revenues, subject to certain limitations. The Charter provides that the power to issue bonds; to encumber, sell, or hypothecate the system; and the city retains to fix rates, fees, and charges of the system. The mailing address of the Board is Post Office Box 3270, Brownsville, Texas 78523-3270, and the telephone number of the Board is (956) 983-6100. The Board's fiscal year is the 12-month period ended September 30 of each year and is referred to herein as the "fiscal year."

**GENERAL INFORMATION AND INSTRUCTIONS
STATEMENT OF PURPOSE**

1. The information contained in these specifications is confidential and is to be used only in connection with preparing a proposal for all or part of the following employee benefit plans:
 - Health & Dental Claim Administration Services
 - PPO Network Services
 - Utilization Review Services
 - Prescription Drug Card Services
 - Stop Loss Insurance Coverage
2. BPUB reserves the right to accept or reject all or any part of the proposals, waive minor technicalities, and award the proposal to best serve the interest of the BPUB. The BPUB also reserves the right to waive or dispense with any of the formalities contained herein.
3. Proposals are to be submitted on the basis of the specifications contained herein. Alternate proposals will also be considered, if the alternatives are clearly explained. All deviations from the specifications must be clearly identified and explained.
4. The information contained herein is believed to be accurate and up-to-date, but is not intended to be an express or implied warranty.
5. **No email, telephone or fax proposals will be accepted.** Proposals will only be accepted if delivered by U.S. Postal Service, contract carriers, hand delivery, etc. BPUB will not be responsible for missing, lost or late mail. Any proposals received after the deadline will be returned to the proposer unopened.
6. At the proposal opening, only the identity of the proposers will be disclosed by the BPUB. The contents of each proposal will not be disclosed in order to protect the integrity of the follow-up negotiation process with short-listed candidates.
7. To obtain the best and final offer(s), revisions by short-listed candidates may be permitted after original proposal submission, and before contract award.
8. All proposals will later be made available to the public for inspection after the contract is awarded. If a proposer indicates and justifies in his proposal(s) that certain information in the proposal(s) is confidential or a trade secret, the BPUB will review those materials with the proposer prior to releasing the materials for public inspection after the contract award.
9. Wethe & Associates, Inc. is the independent insurance consulting firm providing technical assistance to the BPUB during the RFP process. Wethe & Associates, Inc. is compensated by the BPUB on a fee basis, and is not to be compensated by the service provider.
10. Vendors are invited to listen to the proposal opening, but are not required to attend. Vendors can call (956) 214-6020 on August 4, 2022, at 10:00 AM to listen to the proposal opening.

TIMETABLE

1. These specifications are to be released for action on or about **July 11, 2022.**
2. Two (2) copies of the proposals are to be delivered or mailed to the BPUB, Attention: Ms. Diane Solitaire, Purchasing Department, 1155 FM 511, Olmito, Texas 78575, to arrive on or before **Wednesday, August 3, 2022, 5:00 PM, Local Time.**
3. Consideration and action on Group Health & Dental Insurance Proposals will be presented to the Board **on or about October 12, 2022.**

4. The successful proposer will be notified **on or about October 13, 2022**.
5. Coverages are to be effective January 1, 2023.
6. Policies or contracts are to be provided to the BPUB 30 days after such effective date.
7. The contract term desired is three years with years two and three subject to administration and Board approval.
8. Initial enrollment is to be from BPUB enrollment records as of **December 31, 2022**.

PREPARATION OF PROPOSAL

The proposer shall prepare their proposal in duplicate on the attached proposal form with attachments as necessary to fulfill the specifications contained herein. Unless otherwise stated, all blank spaces on the proposal page or pages, applicable to the subject specification, must be correctly filled. A unit price must be stated for each item, either typed in or written in ink. Any exceptions or deviations from the requested services must be clearly indicated in writing and submitted with and form a part of the proposal form. Failure to follow these instructions will be grounds for disqualifications of a proposal.

SUBMISSION OF PROPOSAL

The proposal shall be submitted in duplicate in a sealed envelope. On the front of the envelope shall be written the following words to the left of the address:

“P056-22 PROPOSAL FOR GROUP HEALTH & DENTAL INSURANCE PLAN, 5:00 PM August 3, 2022”

Proposals must be submitted in duplicate to the BPUB, Attn.: Ms. Diane Solitaire, Purchasing Department, 1155 FM 511, Olmito, Texas 78575, to arrive by **5:00 PM local time on August 3, 2022**.

WITHDRAWAL OF PROPOSAL

Proposers may withdraw their proposals anytime up to the time specified as the closing time for acceptance of proposals. However, no proposer shall withdraw or cancel their proposal for a period of 60 days after said closing date for acceptance of proposal nor shall the successful proposer withdraw or cancel or modify their proposal, except at the request of the BPUB, after having been notified that the BPUB has accepted the said proposal.

INTERPRETATION OF SPECIFICATIONS

If any person contemplating submitting a proposal is in doubt as to the true meaning of any part of these specifications, they may submit to Diane Solitaire, Purchasing, a written request for interpretation of it. Ms. Solitaire’s contact information is as follows:

Mail: Brownsville Public Utilities Board, 1155 FM 511, Olmito, TX 78575;
Email: dsolitaire@brownsville-pub.com

CRITERIA USED IN EVALUATING PROPOSALS

1. Although any insurance proposals will be accepted from insurers despite their Best's Rating, more favorable consideration will be given to those proposals submitted by any insurers with ratings of at least an "A" in the most recent edition of BEST'S KEY RATING GUIDE FOR PROPERTY – CASUALTY OR LIFE/HEALTH, as applicable.
2. Any insurers, authorized carrier representatives, or third party administrators shall be duly licensed by the State of Texas, and comply with all applicable state insurance laws and requirements or duly constituted applicable insurance regulatory authorities. A local government self-insurance pool organized under the Texas Interlocal Cooperation Act or other state law shall also be an acceptable provider.
3. The proposal must be in easily understood format with coverage clearly outlined.
4. Proposals will be first evaluated on technical factors other than cost, including coverage, benefits, services and financial stability. After a preliminary evaluation of the technical criteria, cost will be included in the evaluation process. Cost will be evaluated on an equal basis with the technical criteria. For the evaluation of cost, fixed administrative cost for a three or five-year period will be considered first; followed by total first year cost for administrative services, stop loss insurance premiums and maximum claim cost. For aggregate stop loss insurance maximum claim cost, additional specific deductibles (lasers) will be added to maximum claim cost, if not an allowable claim expense for aggregate maximum claim cost.

BROWNSVILLE PUB RIGHTS

1. If only one or no proposal is received by "submission date", the BPUB has the right to reject, re-propose, accept and/or extend the proposal by up to an additional two (2) weeks from original submission date.
2. The right to reject any/or all proposals and to make award, as they may appear to be advantageous to the Brownsville Public Utilities Board.
3. The right to hold proposal for 60 days from submission date without action, and to waive all formalities in proposal.
4. The right to extend the total proposal beyond the original 60-day period prior to an award if agreed upon in writing by both parties and if proposal holds firm.
5. The right to terminate all or any part of the unfinished portion of the project resulting from this solicitation within thirty (30) days written notice; upon default by the vendor, for delay or non-performance by the Vendor, or if it is deemed in the best interest of the Utilities for convenience.
6. The BPUB reserves the right to request additional information or to meet with representatives from responding organizations to discuss points in the RFP before and after submission, any and all of which may be used in forming a recommendation.

Any interpretation, correction, or change of the RFP will be made by ADDENDUM. Changes or corrections will be issued by the Brownsville PUB Purchasing Department. **Addenda will be emailed to all who have returned the Proposal Acknowledgement Form.** Addenda will be issued as expeditiously as possible. It is the responsibility of the vendors to determine whether all addenda have been received. It will be the responsibility of all respondents to contact the Brownsville PUB prior to submitting a response to the RFP to ascertain if any addenda have been issued, and to obtain any and or all addenda(s), execute them, and return addenda with the response to the RFP. Addenda may also be posted on BPUB's webpage.

UNAUTHORIZED COMMUNICATION

After release of this solicitation, Proposer's contact regarding this RFP with members of the RFP evaluation, interview or selection panels, and employees of the BPUB or officials of the BPUB other than the Purchasing Manager or Purchasing Staff is prohibited and may result in disqualification from this procurement process. No officer, employee, or company representative of the Proposer shall have any contact or discussion, verbal or written, with any members of the BPUB Board of Directors, members of the RFP evaluation, interview, or selection panels, BPUB staff, or directly or indirectly through others, seek to influence any BPUB Board member, BPUB staff regarding any matters pertaining to this solicitation, except as herein provided. If a representative of any Proposer violates the foregoing prohibition by contacting any of the above listed parties with whom contact is not authorized, such contact may result in the Proposer being disqualified from the procurement process. Any oral communications are considered unofficial and non-binding with regard to this RFP.

QUALIFICATION OF COMPANIES AND TPAS SUBMITTING PROPOSALS FOR GROUP HEALTH & DENTAL ADMINISTRATION SERVICES AND STOP LOSS INSURANCE

All companies and TPAs submitting proposals must be licensed by the state of Texas and have demonstrated level of good performance with municipalities, school district or other public entities in Texas. The company representative and/or TPA must have an Errors and Omissions (E&O) policy with a minimum limit of \$1,000,000.

The company and/or TPA submitting a proposal for the group health & dental insurance program should maintain a fully staffed office for the servicing of the program. The company or TPA must have been in business for at least five years and must assign a minimum of one qualified account representative to service the BPUB. This representative must have a minimum of five years experience in group health & dental insurance line, or hold the CLU, CEBS and or RHU designation.

DEVIATION FROM SPECIFIED COVERAGE OR SERVICE

Proposals are to be submitted on the basis of the specifications contained herein. Proposer must include the RFP Submission Forms with the proposal. All costs to be incurred and billed to the BPUB will be firm and included in these forms. Alternative proposals will also be considered, provided the alternatives are clearly explained. **All deviations from the specifications must be clearly identified and explained.**

UNDERWRITING DATA

The BPUB has assembled the underwriting exposure, and loss data included in these specifications. While every effort has been made to ensure the accuracy of this information, it cannot be guaranteed. It shall be the responsibility of the successful proposer to review this information and work with the BPUB on an ongoing basis to ensure all relevant exposures are included in the BPUB's program.

If it becomes necessary to revise any part of this proposal, a written addendum will be provided to all proposers who have returned the acknowledgement form. BPUB is not bound by any oral representation, classifications, or changes made in the written specifications by the BPUB employees, unless such classification or change is provided to proposers in a written addendum from an authorized representative of the BPUB.

COMPLIANCE WITH LAWS

All proposers involved shall observe and comply with all regulations, laws ordinances, etc., of local, state, and federal government as they apply to this proposal process.

TERM OF CONTRACT AND EXTENSION/RENEWAL RIGHTS

The term of the contract for insurances or service shall be for not less than one year, subject to earlier termination as provided by the law and by the terms of the contract. In addition, unless otherwise specified in the proposal, the award of this proposal shall include the right at the option of the BPUB, and contingent upon the agreement by both parties, to any change in premium costs or benefits to renew and extend this contract on a year to year basis as may be permitted by applicable law and Board approval as may be in the best interest of the BPUB; if the maximum term of this contract and all renewals of it shall be not more than three or five years before such contract must again be offered for competitive proposals.

AUTHORIZED SIGNATURE

All proposal forms must be signed by persons who have legal authority to bind the insurer and administrator to the services proposed.

DISQUALIFICATION AND REJECTION OF PROPOSALS

Failure to comply with the requirements or the procedures set forth herein, or to satisfy the insurance and servicing criteria as set forth in the specifications, may result in disqualification. It is not intended that exceptions to the specification will, in and of themselves, result in disqualification.

CONTINUITY OF COVERAGE

All employees, retirees and dependents covered by the current plan are to receive immediate coverage under the new plan. Continuity of coverage for current participants is to be on a “no loss no gain” basis for all insurance coverage. In addition, proposers must waive the actively at-work provisions.

In fulfilling the Continuity of Coverage requirement fair credit must be allowed for all or any part of health insurance deductibles or co-insurance satisfied, and accumulated lifetime maximum amounts before the contract effective date.

RETIREE COVERAGE

For vested employee that retires from the system and is not yet 65 years of age, the Board will defray the monthly insurance premiums and allow the retiree to remain on our group health & dental insurance plan until they reach age 65. Your proposal should include coverage for all current and future retirees.

The BPUB currently covers 60 retirees for health insurance and 34 retirees for dental insurance under the age of 65 under the current group health & dental insurance plan.

ENROLLMENT

The basis for the “take over” of the group health insurance Provider is to be the BPUB’s enrollment records as of December 31, 2022. The selected Provider will be expected to provide a knowledgeable person to explain benefit provisions during enrollment meetings. The selected Providers will also be responsible for providing enrollment materials before the group health & dental insurance enrollment meetings.

Background Information

The Brownsville Public Utilities Board (hereafter referred to as BPUB) is located in Cameron County. The majority of the 635 for health and 597 for dental insured employees, retirees and COBRA participants participating in BPUB's self-funded health & dental benefit plan use the services of providers located in Cameron County. The following table summarizes current enrollment in the Health Plan:

Health Plan Enrollment Summary				
	Active	Retired	COBRA	Combined
Subscriber	248	40	1	289
Subscriber + Family	327	19	0	346
Total	575	59	1	635

Dental Plan Enrollment Summary				
	Active	Retired	COBRA	Combined
Subscriber Only	261	18	2	281
Subscriber + Family	301	15	0	316
Total	562	33	2	597

The self-funded health plan was administered by Mutual of Omaha from April 1, 2002 until December 31, 2007. Effective January 1, 2008, as a result of competitive Request for Proposal process administrative services and stop loss insurance contract was awarded to Blue Cross Blue Shield of Texas for a three year period, with annual review of services and cost for year two and three renewal.

Effective January 1, 2010, the self-funded benefit plan was expanded to include dental benefits, with BPUB contributing 100% of the employee only cost. The dental plan was previously fully insured by Delta Dental with the employee paying 100% of cost for employee & dependent coverage.

BPUB desires to receive proposals for continuation of the self-funded health & dental plan based on duplication of existing Plan of Benefits plus improved dental options as outlined within RFP. The BPUB Plan is currently a Non-Grand-Fathered Plan. Your response should comply with all specifications required by the Patient Protection and Affordable Care Act that are applicable to a Non-Grand-Fathered plan. This would include, but not be limited to:

- No lifetime limit on benefits;
- Extension of parents' coverage to your adult children under 26 years old; and
- No coverage exclusion for children with pre-existing conditions.

ASO Claim Administration
Request for Proposal Submission Form

RFP ASSUMPTIONS:

1. Proposal is to be based on duplication of the existing Medical and Dental Plan of Benefits, unless otherwise specified. Any deviations must be clearly identified and explained. All proposals will be assumed to have been submitted without any deviations unless clearly noted.
2. The BPUB desires to receive proposals for a three (3) year period on one of the following basis:
 - Fixed price for the three (3) year period, or
 - Two annual renewal adjustments determined by formula at the time the contract is awarded, or
 - One (1) year contract with two annual renewal options for rate and premiums deemed to be favorable to the BPUB. Renewal rates are to be provided to BPUB by October 1 (90 days prior to anniversary date).
3. Proposal is to be based on the provided census for 635 health and 597 dental plan insureds.
4. Award date is tentatively scheduled for October 12, 2022. Contract effective date is to be January 1, 2023. The successful vendor will be expected to be operational prior to November 1, 2022, so that enrollment communication meetings can be conducted for enrollment for January 1, 2023 effective date. The BPUB will provide enrollment information in an electronic format; however, the successful vendor should be prepared to conduct enrollment meetings to accommodate any coverage changes and to conduct education meetings regarding new administration procedures. In order for an insurance carrier to have its product included on Humana/Bay Bridge Administrators online enrollment platform (Benebridge), the carrier must be able to accept a “full file feed” from Benebridge. Carriers that only accept “change files” are not compatible with the Benebridge platform.
5. For the initial enrollment/communication meeting, the successful vendor is expected to provide approximately 130 man hours for the above described enrollment period at two physical locations. Services are to be provided by up to three professional enrollers with prior experience in enrollment/communication for self-funded health and dental plans.
6. All participants enrolled in the health & dental insurance plan as of December 31, 2022 are to be covered on a “no loss/no gain” basis. “No loss/no gain” for participants is to include credit for accumulated deductible.
7. First year administration services and stop loss are for claims incurred and paid/processed during the year. If responder offers a two or three year rate guarantee, they should clearly disclose how all claims will be paid/processed during the run-out periods.
8. Minimum monthly reports are to include: paid claims by type of benefit; plan year-to-date payments by insured showing diagnosis and on-set of accident or illness; lag studies that relate the incurred dates of service to benefit payments month by month; claims paid in excess of \$50,000; pending claims; claim turnaround reports; stop loss insurance recovery; and provider payment reports.
9. BPUB will allow Third Party Administrators to obtain stop-loss insurance quotes and include those responses with their ASO and stop loss insurance response.

QUESTIONS:

1. Describe the business entity submitting the proposal:

- a. Name of Business Entity: _____
- b. Current Business Address: _____
- c. Mailing Address: _____
- d. Contact Person: _____
- e. Telephone Number: _____
- f. Type of Business Entity: () Corporation () General Partnership () Sole Proprietorship
() Registered Limited Liability Partnership () Limited Liability Company
- g. Please provide jurisdiction for corporation or partnership charter: _____

- h. Please provide date corporation or partnership chartered: _____
- i. Is the business entity licensed by the State of Texas as a Third Party Administrator? () Yes () No
If yes, attach TPA license.
- j. Will you agree to provide a resume for each key employee in your organization upon request? () Yes () No

2. Pending Lawsuits/Claims:

- a. Has the business entity been a defendant in any lawsuit in any state or federal court during the preceding five (5) years? () Yes () No
If yes, identify each lawsuit by party, case number, court, subject matter, and disposition:

- b. Does the business entity have any claims filed against it which are unresolved and presently pending before any State of Texas Administrative agency? () Yes () No
If yes, attach a full description of the matter:

3. Financial Information:

- a. Has the business entity filed a voluntary or involuntary petition in bankruptcy, obtained an order for relief, or received a discharge on any debt under the U.S. Bankruptcy laws during the preceding seven (7) years? () Yes () No
If yes, provide the name of the court and the case number(s):

- b. Has any owner, member, or partner of the business entity filed a petition in bankruptcy, obtained an order for relief, or received a discharge on any debt under the U.S. Bankruptcy laws during the preceding seven (7) years?
 Yes No

If yes, provide the name of the court and the case number(s):

- c. Will you agree to provide an audited financial statement for the preceding fiscal year upon request?
 Yes No

4. Describe Claim Administration experience:

a. Number of Clients: _____

b. Number of Covered Employees: _____

c. Other: _____

5. Provide three (3) Texas client references (preferably public entities):

Name of Client	Contact Person	Telephone Number	Number of Employees

6. Describe insurance coverage (include copy of Insurance Certificate):

- a. The business entity must provide satisfactory evidence of existing insurance coverage in the amount of \$1,000,000.00 for Errors and Omissions or other fiduciary liability. If the business entity is selected to provide services it must provide evidence that such coverage will be in effect for the duration of the agreement.

7. Describe Administration Contract:

- a. Will you allow BPUB to modify your standard Administration Contract? Yes No

Comment: _____

- b. Will you agree to process 98% of all submitted claims within fifteen (15) business days at a minimum of 98% overall accuracy? Yes No

Comment: _____

- c. Will you agree that a failure to uphold the standards in (b) may result in a penalty to be deducted from the administration fee? Yes No

- d. What is your customer service accuracy?

Comment: _____

- e. Will you agree to allow third party to conduct an on-site claims audit? Yes No

Comment: _____

f. Will you agree to hold the BPUB harmless if any of your staff is found to be negligent in the administration of benefits in the Plan? Yes No

Comment: _____

8. Will you agree to provide a specimen copy of your administration contract upon request? Yes No

9. Describe Claim Payment Services:

a. Location of office where actual settlement of claims will be made? _____

b. Will a specific analyst be assigned to this account? Yes No

c. Will a claims analyst be available for on site claims handling on a scheduled basis? Yes No

d. Is a toll free telephone number available for checking status of claim? Yes No

e. What is the average time on hold? _____

f. What is the abandonment rate? _____

g. Can insured or BPUB's Insurance Department speak directly to claim examiner for questions related to payment of claim? Yes No

Comment: _____

h. What is normal processing time? _____

i. Describe process of appeal for contested claim. _____

j. Do you screen for unbundling of provider charges? Yes No

Comment: _____

k. Are hospital claims paid utilizing a Medicare plus basis? Yes No

Comment: _____

l. Please explain your auditing procedures for in and out-of-network hospital/facility claims.

Comment: _____

m. Will you agree to provide sample EOB and check upon request? Yes No

n. Please describe banking arrangements necessary to reimburse claims that are paid.

o. Describe basis and procedure for determining Reasonable and Customary. _____

- p. When was the last Third Party Claim Audit? _____
- Will you agree to provide copy of Third Party Claim Audit? () Yes () No
 - If SAS 70 Report, please attach

q. Describe procedure used for subrogation investigation and recovery. _____

r. Describe procedures used for checking preexisting condition investigation:

10. Describe Prescription Drug Card Services:

- a. Name of Provider used by Administrator: _____
- b. Can the BPUB contract directly with this Provider? () Yes () No
- If so, please describe: _____

11. Describe Other Services and list additional costs, if any:

- a. (Ex. Large Case Management, Disease Management, Continuation of Coverage, Actuarial Services, Plan Design and Consultation Services): _____
- b. Describe experience in coordinating with Preferred Provider organizations (include repricing capabilities):

- c. Are On-Line Services available? () Yes () No
- If so, please describe (Ex. Claims Status, Enrollment, Provider Directory, Reports):

- d. Are enrollment and education meetings included? () Yes () No
- If yes, how many times per year. If not, what is the additional cost?
- Comments: _____
- e. Will initial enrollment/communication services as described in RFP Assumptions be provided? () Yes () No
- f. Will all materials necessary to effectively communicate and administer the program be prepared and printed by proposer at proposer's expense? (Ex: ID Cards, Employee Benefit Book, Claim Forms, Schedule of Benefits, EOBs, Certificates of Credible Coverage) () Yes () No
- Comments: _____

- g. Will employee ID cards, Employee Benefit Book and other related materials be mailed to the employee's home at the proposer's expense? () Yes () No

Comments: _____

- h. Does your plan comply fully with HIPAA? () Yes () No

- i. Do you provide all required notices to members at your expense? () Yes () No

Comment: _____

- j. Do services include Early Retiree Reimbursement Program claim processing services? () Yes () No

Comment: _____

12. Are the rates quoted in this proposal firm, or will a recalculation be made based on actual enrollment?

13. For what period of time are quoted rates guaranteed? _____

14. Is a longer rate guarantee available? () Yes () No

Comment: _____

15. If your proposal differs in any way from what is specified herein, please attach statement for any differences. Otherwise, it will be assumed that your proposal conforms to these specifications in every respect.

ASO RATE QUOTES: 3 Year Term

Administration Service Fees (First Year - Incurred & Paid Basis)				
Benefit	Subscribers	Your Rate	Monthly Fee	Annual Fee
Medical	635			
Dental	597			
Total Annual Fees:				
Administration Service Fees (Second Year – Paid Basis)				
Benefit	Subscribers	Your Rate	Monthly Fee	Annual Fee
Medical	635			
Dental	597			
Total Annual Fees:				
Administration Service Fees (Third Year – Paid Basis)				
Benefit	Subscribers	Your Rate	Monthly Fee	Annual Fee
Medical	635			
Dental	597			
Total Annual Fees:				

ADDITIONAL FEES:

Set-Up: _____

PPO Service: _____

Rx Svc: _____

COBRA / HIPAA: _____

Run-Off: _____

Stop Loss ⁽¹⁾: _____

Other: (Please explain) _____

(1) Stop Loss is to be ASO services related to placement and coordination of stop loss insurance coverage.

Company Name

Authorized Signature (failure to sign disqualifies proposal)

Company Address

Type Signatory's Name & Title

Telephone Number Fax Number

Signatory's Email Address

Date

PPO Network Services
Request for Proposal Submission Form

RFP ASSUMPTIONS:

1. Proposal is to be based on duplication of the existing Plan of Benefits, unless otherwise specified. Any deviations must be clearly identified and explained. All proposals will be assumed to have been submitted without any deviations unless clearly noted.
2. Proposal is to be based on the provided census for 635 subscribers.
3. Contract effective date is to be January 1, 2023.
4. The BPUB desires to receive proposals for a three (3) year period on one of the following basis:
 - Fixed price for the three (3) year period, or
 - Two annual renewal adjustments determined by formula at the time the contract is awarded, or
 - One (1) year contract with two annual renewal options for rate and premiums deemed to be favorable to the BPUB. Renewal rates are to be provided to BPUB by October 1 (90 days prior to anniversary date).
5. Confidentiality Agreement is to be included with proposal so as to allow Wethe & Associates, Inc., as the independent consultant for Brownsville Public Utilities Board to evaluate the specific payment arrangements for network providers. This evaluation will be done after execution of the confidentiality agreement.

QUESTIONS:

1. Describe organization submitting proposal:
 - a. Name of Firm: _____
 - b. Address: _____
 - c. Contact Person: _____
 - d. Telephone Number: _____ Fax Number: _____
 - e. Email Address: _____
 - f. Year Founded: _____
2. Describe PPO Network experience:
 - a. Number of Clients: _____
 - b. Number of Texas: _____
 - c. Number of Employees Covered: _____
 - d. Number of Providers: _____
 - e. Other: _____
3. Provide three (3) Texas client references (preferably public entities):

Name of Client	Contact Person	Telephone Number	Number of Employees

4. Describe insurance coverage:

- a. Errors & Omissions: _____

- b. Other Fiduciary Liability: _____

5. Describe Provider Network:

- a. Name of network: _____
- b. Approximately how many insured are enrolled in the network?
 _____ Cameron County _____ Texas _____ United States
- c. How long has the network been operational in Cameron County? _____
- d. Provider Directory in electronic format for Cameron County area that includes specialty, name/telephone number, city and zip code.
- e. How many of each of the following medical providers are in your Cameron County network?
 Do not count any physician more than once, due to multiple locations or specialties.

Hospitals		Endocrinologist	
Laboratory		Chiropractors	
General/Family Practice		Psychiatrists	
Pediatrician		Dermatologists	
OB/GYN		Other Specialists	
		Total	

- f. Describe network access outside of the Cameron County area for:
1. Specialty care not available in local area: _____

2. Other Texas providers: _____
3. Attach specific information on the contract rates and facilities to be used for transplants.

6. Describe Preferred Provider Services:

- a. Are the physicians in your network required to accept assignment of benefits? () Yes () No
 Comments: _____
- b. How do you prevent physicians in your network from balance billing?

c. Are you willing to provide current Provider Contract information for providers currently under contract upon request? Yes No

d. Describe procedure for notifying BPUB of change in providers:

e. What criteria are used for selecting providers? _____

f. Describe provider discount structure and average savings generated by the provider discounts in this geographic area? _____

g. How can your savings be documented? _____

h. Describe provider repricing procedures: _____

i. Will you be willing to provide sample reports upon request? Yes No

j. How often are Provider Directories updated? _____

k. Is Provider information on the Internet? Yes No

l. Describe claims cost management procedures: _____

m. Describe provider repricing procedures: _____

n. Are out of network claims negotiated? _____

7. Please state any variations to the Request for Proposal Assumptions or other qualifications for your proposal:

8. For what period of time are quoted rates guaranteed? _____

9. Is a longer rate guarantee available? () Yes () No

If so, please describe: _____

MEDICAL NETWORK RATE QUOTE:

3 Year Term

Medical Network Fees				
Benefit	Subscribers	Your Rate	Monthly Fee	Annual Fee
Primary Network	635			
Total Annual Premium:				

ADDITIONAL FEES:

Set-Up: _____

Center of Excellence: _____

Out-of-Area: _____

Booklets: _____

Other: (Please explain) _____

Company Name

Authorized Signature (failure to sign disqualifies proposal)

Address

Type Signatory's Name and Title

Telephone Number / Fax Number

Date

Signatory's Email Address

Utilization Review Services
Request for Proposal Submission Form

RFP ASSUMPTIONS:

1. Proposal is to be based on duplication of the existing Plan of Benefits, unless otherwise specified. Any deviations must be clearly identified and explained. All proposals will be assumed to have been submitted without any deviations unless clearly noted.
2. Proposal is to be based on the enclosed census for 635 subscribers.
3. Contract effective date is to be January 1, 2023.
4. The BPUB desires to receive proposals for a three (3) year period on one of the following basis:
 - Fixed price for the three (3) year period, or
 - Two annual renewal adjustments determined by formula at the time the contract is awarded, or
 - One (1) year contract with two annual renewal options for rate and premiums deemed to be favorable to the BPUB. Renewal rates are to be provided to BPUB by October 1 (90 days prior to anniversary date).

QUESTIONS:

1. Describe organization submitting proposal:
 - a. Name of Firm: _____
 - b. Address: _____
 - c. Contact Person: _____
 - d. Telephone Number: _____ Fax Number: _____
 - e. Email Address: _____
 - f. Year Founded: _____
2. Will you be willing to provide financial information about your firm upon request? () Yes () No
3. Describe Utilization Review experience:
 - a. Number of Clients: _____
 - b. Number of Insured Employees: _____
 - c. Other: _____
4. Provide three (3) Texas client references (preferably public entities):

Name of Client	Contact Person	Telephone Number	Number of Employees

5. Describe insurance coverage:

a. Errors & Omissions: _____

b. Other Fiduciary Liability: _____

6. Describe Utilization Review Services:

a. Do you provide toll-free telephone access? () Yes () No

b. Is 24-hour service provided? () Yes () No

c. Describe the following services:

- Hospital Pre-Certification: _____

- Concurrent/Continued Stay Review: _____

- Large Case Management: _____

d. Describe Pre-Certification Procedures:

- Employee Notification: _____

- Employer Notification: _____

- Claim Pay or Notification: _____

e. Does employee receive written confirmation for Hospital Pre-Certification? () Yes () No
If yes, please provide sample.

7. Describe Staff:

a. Professionals: _____

b. Para-Professionals: _____

8. Reports:

a. Will you be willing to provide sample reports provided to employers upon request? () Yes () No

b. How often are reports provided? _____

c. May employer request special reports? () Yes () No

9. Please state any variations to the Request for Proposal Assumptions or other qualifications for your quote:

10. For what period of time are quoted rates guaranteed? _____

UTILIZATION REVIEW RATE QUOTE:

3 Year Term

Utilization Review Fees				
Benefit	Participants	Your Rate	Monthly Fee	Annual Fee
Utilization Review	635			
Pre-certification	635			
Large Case Mgmt.	635			
Total Annual Premium:				

ADDITIONAL FEES:

Set-Up: _____

Other: (Please explain) _____

Company Name

Authorized Signature (failure to sign disqualifies proposal)

Address

Type Signatory's Name and Title

Telephone Number / Fax Number

Signatory's Email Address

Prescription Drug Card Services
Request for Proposal Submission Form

RFP ASSUMPTIONS:

1. Proposal is to be based on duplication of the existing Plan of Benefits, unless otherwise specified. Any deviations must be clearly identified and explained. All proposals will be assumed to have been submitted without any deviations unless clearly noted.
2. Proposal is to be based on the provided census for 635 subscribers.
3. Contract effective date is to be January 1, 2023.
4. The BPUB desires to receive proposals for a three (3) year period on one of the following basis:
 - Fixed price for the three (3) year period, or
 - Two annual renewal adjustments determined by formula at the time the contract is awarded, or
 - One (1) year contract with two annual renewal options for rate and premiums deemed to be favorable to the BPUB. Renewal rates are to be provided to BPUB by October 1 (90 days prior to anniversary date).

QUESTIONS:

1. Describe organization submitting proposal:
 - a. Name of Firm: _____
 - b. Address: _____
 - c. Contact Person: _____
 - d. Telephone Number: _____ Fax Number: _____
 - e. Email Address: _____
 - f. Year Founded: _____
2. Will you be willing to provide financial information about your firm upon request? () Yes () No
3. Describe Prescription Drug experience:
 - a. Number of Texas Clients: _____
 - b. Number of Texas Pharmacies: _____
 - c. Other: _____
4. Provide three (3) Texas client references (preferably public entities):

Name of Client	Contact Person	Telephone Number	Number of Employees

5. Describe Pharmacy network:
 - a. Will you be willing to provide list of pharmacists currently in pharmacy network in Cameron County upon request? () Yes () No

b. Describe relationship with pharmacists including degree of automation and reimbursement procedures:

c. Other: _____

6. Will you be willing to provide a sample identification card upon request? () Yes () No

a. Can identification card be mailed to employee's home? () Yes () No

b. Can identification card be combined with medical card? () Yes () No

7. Prescription Drug Costs:

Retail	Brand	Generic
• Filling Fee		
• AWP Discount		
Mail Order		
• Filling Fee		
• AWP Discount		

8. Other Services:

a. Generic Drug Substitution: _____

b. Maintenance Drugs: _____

c. Mail Order Prescriptions: _____

9. Manufacturer Refunds:

Please provide complete description for allocation of manufacturers' refunds; including allocation formula for sharing refund with BPUB: _____

10. Please state any variations to the Request for Proposal Assumptions or other qualifications for your quote:

11. For what period of time are quoted rates guaranteed? _____

12 Is a longer rate guarantee available? () Yes () No

If so, please describe: _____

PRESCRIPTION DRUG ADMINISTRATION RATE QUOTE:

(Quote is to be based on either annual number prescriptions of 8,400 or average employees of 635)

3 Year Term

Prescription Drug Administration Fees				
Benefit	Units	Your Rate	Monthly Fee	Annual Fee
Rx	635			
Total Annual Premium:				

ADDITIONAL FEES:

Set-Up: _____

Other: (Please explain) _____

Manufacturers' Refunds:

Estimated Annual Refund Amount, if applicable: _____

Comment: _____

Company Name

Authorized Signature (failure to sign disqualifies proposal)

Address

Type Signatory's Name and Title

Telephone Number / Fax Number

Date

Signatory's Email Address

Individual Stop Loss Insurance (ISL)/Aggregate Stop Loss Insurance (ASL)
Request for Proposal Submission Form

RFP ASSUMPTIONS:

1. Proposal is to be based on duplication of the existing Plan of Benefits, unless otherwise specified. Any deviations must be clearly identified and explained. All proposals will be assumed to have been submitted without any deviations unless clearly noted.
2. Proposal is to be based on the provided census for 635 health plan and 597 dental plan insureds.
3. Contract effective date is to be January 1, 2023. All participants enrolled in the insurance plan as of December 31, 2022 are to be covered on a “no loss/no gain” basis. “No loss/no gain” for participants is to include credit for accumulated deductible, coinsurance, and lifetime maximum benefits.
4. The BPUB desires to receive proposals for a three (3) year period on one of the following basis:
 - Fixed price for the three (3) year period, or
 - Two annual renewal adjustments determined by formula at the time the contract is awarded, or
 - One (1) year contract with two annual renewal options for rate and premiums deemed to be favorable to the BPUB. Renewal rates are to be provided to BPUB by October 1 (90 days prior to anniversary date).
5. The BPUB will only consider stop loss insurance policies meeting the following:
 - a. Final determination on all lasers, if any, including deductible amounts and conditional lasers should be clearly identified and provided with RFP response based on provided claims data
 - b. Specific and Group Aggregate Coverage for “non-grand fathered” retiree members
 - c. Insurance Company Quotation Document (not third party summaries) with all terms clearly listed
 - d. Waive Actively at Work Provisions

QUESTIONS:

1. Describe the business entity submitting the proposal:
 - a. Insurance Company Name: _____
 - b. Address: _____
 - c. Contact Person: _____
 - d. Telephone Number: _____ Fax Number: _____
 - e. Email Address: _____
 - f. Year Founded (Insurance Company): _____
 - g. What percentage of overall business is Health related? _____
 - h. Managing Underwriter’s Name: _____
 - i. Year Founded (Managing Underwriter): _____

- j. Number of Years for Representing Insurance Company: _____
2. Describe Financial Stability of Insurance Company:
- a. A.M. Best Rating: _____
- b. Is Insurance Company authorized to do business in Texas? () Yes () No
3. Provide three (3) Texas client references (preferably public entities):

Name of Client	Contact Person	Number of Employees

PLEASE ANSWER QUESTIONS 4 THROUGH 7, IF STOP LOSS INSURANCE IS BEING SUBMITTED BY MANAGING UNDERWRITING GROUP OR THIRD PARTY ADMINISTRATOR OR REPRESENTATIVE FOR ANY INSURANCE COMPANY.

4. Describe the business entity submitting the proposal:
- a. Name of Business Entity: _____
- b. Current Business Address: _____
- c. Mailing Address: _____
- d. Contact Person: _____
- e. Telephone Number: _____
- f. Type of Business Entity: () Corporation () General Partnership () Sole Proprietorship;
() Registered Limited Liability Partnership () Limited Liability Company.
5. a. Has the business entity been a defendant in any lawsuit in any state or federal court during the preceding five (5) years? () Yes () No

If yes, identify each lawsuit by party, case number, court, subject matter, and disposition:

- b. Does the business entity have any claims filed against it which are unresolved and presently pending before any State of Texas Administrative agency? () Yes () No

If yes, please provide a full description of the matter:

6. Financial Information:

- a. Has the business entity filed a voluntary or involuntary petition in bankruptcy, obtained an order for relief, or received a discharge on any debt under the U.S. Bankruptcy laws during the preceding seven (7) years?
() Yes () No

If yes, please describe:

- b. Has any owner, member, or partner of the business entity filed a petition in bankruptcy, obtained an order for relief, or received a discharge on any debt under the U.S. Bankruptcy laws during the preceding seven (7) years?
() Yes () No

If yes, please describe:

7. Describe insurance coverage (include copy of Insurance Certificate):

- a. The business entity must provide satisfactory evidence of existing insurance coverage in the amount of \$1,000,000.00 for Errors and Omissions or other fiduciary liability. If the business entity is selected to provide services it must provide evidence that such coverage will be in effect for the duration of the agreement.

8. Describe ISL and ASL claim payment:

- a. Where will claims be paid? _____

- b. What is the definition of "paid claim" to be eligible for reimbursement?

- c. Can the BPUB's Insurance Department speak directly to claim examiner for questions related to payment of claim?
() Yes () No

Comment: _____

- d. What is the normal processing time for ISL claim? _____

- e. What is normal processing time for ASL claim? _____

- f. What are eligible expenses related to investigation of claim (e.g. hospital audit, medical records, etc)

g. If the BPUB has negotiated with providers, with these discounts be accepted in lieu of doing a hospital audit?
() Yes () No

h. Describe documentation needed for ISL claim reimbursement: _____

9. Describe Underwriting:

a. Will any claimants be excluded or assigned a higher deductible? () Yes () No

If so, please describe: _____

b. Will renewal rates be provided to BPUB 90 days prior to renewal date? () Yes () No

10. What trend factors have you used in your proposal?

Insurance	Utilization	Inflation	Total
Health			
Dental			

11. How do you calculate trend adjustments-mid-point or effective date?

12. Please provide a copy of the Stop Loss Carrier's Quotation Document.

13. Will you agree to provide a Specimen Stop Loss Contract? () Yes () No

14. Does your Stop Loss insurance contract have any exclusions or limitations that are more restrictive than those used in the BPUB's booklet? () Yes () No

If so, please describe: _____

15. Are the active-at-work and disabled dependent provisions waived for the effective date of the contract? () Yes () No

16. If Centers of Excellence are used for your transplant coverage, please provide specific information for facilities cost and procedures to be used: Please attach a schedule with complete information:

17. Please state any variations to the Request for Proposal Assumptions or other qualifications for your quote:

18. For what period of time are quoted rates guaranteed? _____

19. Is a longer rate guarantee available? () Yes () No

If so, please describe: _____

20. Confirm that quoted rates net of agent commission? () Yes () No

If no, please describe: _____

21. Do quoted rates include advance funding for:

a. Specific Claims? () Yes () No

If no, additional cost to provide: _____

b. Aggregate Claims? () Yes () No

If no, additional cost to provide: _____

22. Is the quote based on the services of a particular claim administrator or provided network? () Yes () No

Comment: _____

23. Do quoted rates include unlimited benefits per plan year for Specific Claims? () Yes () No

Comment: _____

STOP LOSS RATE QUOTES:

Quote is to be based on the following distribution of employee & dependent coverage for two tier rates:

HEALTH		DENTAL	
Subscriber Only	289	Subscriber Only	281
Subscriber & Family	346	Subscriber & Family	316
Total	635	Total	597

Attach underwriting quote sheet for the following quotes, based on two tier rates:

- a. Individual stop loss for medical and prescription drug benefits on a 12/15 reimbursement basis with deductible of \$200,000.
- b. Aggregate stop loss for medical, prescription drug & dental benefits on a 12/15 reimbursement basis with options for individual stop loss as described above and aggregate corridor of 125%.
- c. Individual stop loss for medical and prescription drug benefits on a 12/12 reimbursement including optional terminal liability basis with deductible of \$200,000. Also, include option for run-off claim liability coverage.
- d. Aggregate stop loss for medical, prescription drug & dental benefits on a 12/12 reimbursement including optional terminal liability basis with options for individual stop loss as described above and aggregate corridor of 125%. Also, include option for run-off claim liability coverage.

Company Name

Authorized Signature (failure to sign disqualifies proposal)

Address

Type Signatory's Name and Title

Telephone Number / Fax Number

Date

Signatory's Email Address

**REQUIRED FORMS
FORMS CHECKLIST**

The following documents are to be submitted as a part of the Bid/RFP/RFQ document

NAME	FORM DESCRIPTION	SUBMITTED WITH BID	
		YES	NO
Required Forms (if applicable)	Acknowledgement Form	<input type="checkbox"/>	<input type="checkbox"/>
	Debarment Certificate	<input type="checkbox"/>	<input type="checkbox"/>
	Ethic Statement	<input type="checkbox"/>	<input type="checkbox"/>
	Conflict of Interest Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>
	W9 or W8 Form	<input type="checkbox"/>	<input type="checkbox"/>
	Direct Deposit Form (Will be provided to awarded vendor)	<input type="checkbox"/>	<input type="checkbox"/>
	Residence Certification Form	<input type="checkbox"/>	<input type="checkbox"/>
	House Bill 89 Form	<input type="checkbox"/>	<input type="checkbox"/>
	Senate Bill 252 Form	<input type="checkbox"/>	<input type="checkbox"/>
	Byrd Anti-Lobbying Certification Form	<input type="checkbox"/>	<input type="checkbox"/>
Special Instructions (if applicable)	Bid Schedule/Cost sheet completed and signed	<input type="checkbox"/>	<input type="checkbox"/>
	Cashier Check or Bid Bond of 5% of Total Amount of Bid	<input type="checkbox"/>	<input type="checkbox"/>
	OSHA 300 Log	<input type="checkbox"/>	<input type="checkbox"/>
	Contractor Pre-Bid Disclosure completed, signed and notarized	<input type="checkbox"/>	<input type="checkbox"/>
	Sub-Contractor Pre-Bid Disclosure completed, signed, and notarized	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
References	Complete the Previous Customer Reference Worksheet for each reference provided	<input type="checkbox"/>	<input type="checkbox"/>
Addenda		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY
MATTERS (Complete and return with proposal)

Name of Entity: _____

The prospective participant certifies to the best of their knowledge and belief that they and their principals:

- a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- b) Have not within a three year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, Local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and
- d) Have not within a three year period preceding this application/proposal had one or more public transactions (Federal, State, Local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 USC Section 1001, a false statement may result in a fine up to a \$10,000.00 or imprisonment for up to five (5) years, or both.

Name and Title of Authorized Representative (Typed)

Signature of Authorized Representative

Date

I am unable to certify to the above statements. My explanation is attached.

ETHICS STATEMENT (Complete and Return this form with Proposal)

The undersigned firm, by signing and executing this proposal, certifies and represents to the Brownsville Public Utilities Board that firm has not offered, conferred or agreed to confer any pecuniary benefit, as defined by (1.07 (a) (6) of the Texas Penal Code, or any other thing of value as consideration for the receipt of information or any special treatment of advantage relating to this proposal; the firm also certifies and represents that the firm has not offered, conferred or agreed to confer any pecuniary benefit or other thing of value as consideration for the recipient's decision, opinion, recommendation, vote or other exercise of discretion concerning this proposal, the firm certifies and represents that firm has neither coerced nor attempted to influence the exercise of discretion by any officer, trustee, agent or employee of the Brownsville Public Utilities Board concerning this proposal on the basis of any consideration not authorized by law; the firm also certifies and represents that firm has not received any information not available to other firms so as to give the undersigned a preferential advantage with respect to this proposal; the firm further certifies and represents that firm has not violated any state, federal, or local law, regulation or ordinance relating to bribery, improper influence, collusion or the like and that firm will not in the future offer, confer, or agree to confer any pecuniary benefit or other thing of value of any officer, trustee, agent or employee of the Brownsville Public Utilities Board in return for the person having exercised the ir person's official discretion, power or duty with respect to this proposal; the firm certifies and represents that it has not now and will not in the future offer, confer, or agree to confer a pecuniary benefit or other thing of value to any officer, trustee, agent, or employee of the Brownsville Public Utilities Board in connection with information regarding this proposal, the submission of this proposal, the award of this proposal or the performance, delivery or sale pursuant to this proposal.

The vendor shall defend, indemnify, and hold harmless the Brownsville Public Utilities Board, all of its officers, agents and employees from and against all claims, actions, suits, demands, proceeding, costs, damages, and liabilities, arising out of, connected with, or resulting from any acts or omissions of contractor or any agent, employee, subcontractor, or Supplier of contractor in the execution or performance of this proposal.

I have read all of the specifications and general proposal requirements and do hereby certify that all items submitted meet specifications.

COMPANY: _____

AGENT NAME: _____

AGENT SIGNATURE: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

TELEPHONE: _____ TELEFAX: _____

FEDERAL ID#: _____ AND/OR SOCIAL SECURITY #: _____

DEVIATIONS FROM SPECIFICATIONS IF ANY:

NOTE: QUESTIONS AND CONCERNS FROM PROSPECTIVE CONTRACTORS SHOULD BE RAISED WITH OWNER AND ITS CONSULTANT (IF APPLICABLE) AND RESOLVED IF POSSIBLE, PRIOR TO THE PROPOSAL SUBMITTAL DATE. ANY LISTED DEVIATIONS IN A FINALLY SUBMITTED PROPOSAL MAY ALLOW THE OWNER TO REJECT A PROPOSAL AS NON-RESPONSIVE.

CONFLICT OF INTEREST QUESTIONNAIRE For vendor doing business with local governmental entity		FORM CIQ
<p>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</p> <p>This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).</p> <p>By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.</p> <p>A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.</p>	OFFICE USE ONLY	
<p>1 Name of vendor who has a business relationship with local governmental entity.</p>	Date Received	
<p>2 <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)</p>		
<p>3 Name of local government officer about whom the information is being disclosed.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name of Officer</p>		
<p>4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.</p> <p style="margin-left: 40px;">A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?</p> <p style="margin-left: 80px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p style="margin-left: 40px;">B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?</p> <p style="margin-left: 80px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>		
<p>5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.</p>		
<p>6 <input type="checkbox"/> Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).</p>		
<p>7</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of vendor doing business with the governmental entity Date</p>		

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed;

or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

BROWNSVILLE PUBLIC UTILITIES BOARD
RESIDENCE CERTIFICATION

In accordance with Art. 601g, as passed by the 1985 Texas Legislature, the following will apply. The pertinent portion of the Act has been extracted and is as follows:

Section 1. (a)

(1) "Nonresident bidder" means a bidder whose principal place of business is not in this state, but excludes a contractor whose ultimate parent company or majority owner has its principal place of business in this state.

(2) "Texas resident bidder " means a bidder whose principal place of business is in this state, and includes a contractor whose ultimate parent company or majority owner has its principal place of business in this state.

Section 1. (b)

The state or governmental agency of the state may not award a contract for general construction, improvements, services, or public works projects or purchases of supplies, materials or equipment to a nonresident bidder unless the nonresident's bid is lower than the lowest bid submitted by a responsible Texas resident bidder by the same amount that a Texas resident bidder would be required to underbid a nonresident bidder to obtain a comparable contract in the state in which the nonresident's principal place of business is located.

I certify that _____(Company Name) is a **resident Texas bidder** as defined in Art. 601g.

Signature: _____

Print Name: _____

I certify that _____(Company Name) is a **nonresident bidder** as defined in Art. 601g. and our principal place of business is:

(City and State)

Signature: _____

Print Name: _____

Certificate of Interested Parties-Form 1295

Special message: Please read the Special Notification regarding HB 1295 effective January 1, 2016, implemented by the Texas Ethics Commission, which requires business entities to provide a completed Form 1295 to Brownsville PUB with signed contracts in order to execute them.

In 2015, the Texas Legislature adopted House Bill 1295. The law states that a governmental entity or state agency may not enter into certain contracts with a business entity unless the business entity submits a disclosure of interested parties to the governmental entity or state agency at the time the business entity submits the signed contract to the governmental entity or state agency. The law applies to a contract of a governmental entity or state agency that either (1) requires an action or vote by the governing body of the entity or agency before the contract may be signed or (2) has a value of at least \$1 million. The disclosure requirement applies to a contract entered into on or after January 1, 2016.

To implement the law, the Texas Ethics Commission (TEC) adopted new rules necessary to prescribe the disclosure of interested parties form, and post a copy of the form on the commission's website. The commission adopted the Certificate of Interested Parties form, Form 1295, on October 5, 2015. The commission also adopted new rules as part of Chapter 46 of the Texas Administrative Code on November 30, 2015.

On January 1, 2016, TEC made a new filing application available on their website for business entities to use to both create and file Form 1295. Business entities will enter the required information on Form 1295 within the application and print a copy of the completed form, which will include a certification of filing with a unique certification number. An authorized agent of the business entity will need to sign the printed copy of the form and have the form notarized. The completed Form 1295 with the certification of filing must be included with the signed contract to the governmental body or state agency in order for the governmental body to execute the contract.

Brownsville PUB will then notify the commission, using TEC's filing application, of the receipt of the filed Form 1295 with the certification of filing not later than the 30th day after the date the contract binds all parties to the contract.

TEC will then post the business entity's completed Form 1295 to its website within seven (7) business days after receiving notice from Brownsville PUB acknowledging that it was received.

To obtain additional information on HB 1295, to learn more about TEC's process to create a new account or to complete an electronic version of Form 1295 for submission with a signed contract, please go to the following link: https://ethics.state.tx.us/whatsnew/elf_info_form1295.htm

NOTE: IF AWARDED THIS CONTRACT, FORM 1295 WILL BE SUBMITTED AT THE TIME THE SIGNED CONTRACT IS SUBMITTED TO BPUB. ___ YES ___ NO

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

ADD ADDITIONAL PAGES AS NECESSARY

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2	Business name/disregarded entity name, if different from above	
3	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5	Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6	City, state, and ZIP code	
7	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				
or				
Employer identification number				
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Form **W-8BEN-E**

(Rev. October 2021)
Department of the Treasury
Internal Revenue Service

**Certificate of Status of Beneficial Owner for
United States Tax Withholding and Reporting (Entities)**

► For use by entities. Individuals must use Form W-8BEN. ► Section references are to the Internal Revenue Code.
► Go to www.irs.gov/FormW8BENE for instructions and the latest information.
► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form for:

- U.S. entity or U.S. citizen or resident W-9
- A foreign individual W-8BEN (Individual) or Form 8233
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the United States (unless claiming treaty benefits) W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) W-8ECI or W-8EXP
- Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer) W-8IMY

Instead use Form:

Part I Identification of Beneficial Owner

<p>1 Name of organization that is the beneficial owner</p>	<p>2 Country of incorporation or organization</p>																
<p>3 Name of disregarded entity receiving the payment (if applicable, see instructions)</p>																	
<p>4 Chapter 3 Status (entity type) (Must check one box only):</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Simple trust</td> <td><input type="checkbox"/> Tax-exempt organization</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Partnership</td> </tr> <tr> <td><input type="checkbox"/> Central Bank of Issue</td> <td><input type="checkbox"/> Private foundation</td> <td><input type="checkbox"/> Complex trust</td> <td><input type="checkbox"/> Foreign Government - Controlled Entity</td> </tr> <tr> <td><input type="checkbox"/> Grantor trust</td> <td><input type="checkbox"/> Disregarded entity</td> <td><input type="checkbox"/> Estate</td> <td><input type="checkbox"/> Foreign Government - Integral Part</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> International organization</td> </tr> </table> <p>If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes," complete Part III. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<input type="checkbox"/> Simple trust	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Central Bank of Issue	<input type="checkbox"/> Private foundation	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Foreign Government - Controlled Entity	<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Estate	<input type="checkbox"/> Foreign Government - Integral Part	<input type="checkbox"/> International organization			
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For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 59689N

Form **W-8BEN-E** (Rev. 10-2021)