REQUEST FOR PROPOSAL

Medical Health Benefits Plan Consultant

for

Broome County Risk & Insurance

RFP-2026-055

October 7, 2026

NEW YORK STATE, COUNTY OF BROOME
Jason T. Garnar, County Executive

BROOME COUNTY RISK & INSURANCE
Thomas Dellapenna Jr., Risk Manager

INSTRUCTIONS TO RESPONDENTS

IMPORTANT NOTICE – RFP/RFQ DISTRIBUTION

The County of Broome officially distributes solicitation documents through the Empire State Purchasing Group https://www.bidnetdirect.com/new-york/broome-county Copies from any other source are not considered official copies. Only those proposers who obtain solicitation documents from the Empire State Purchasing Group are guaranteed to receive addendum information, if such information is issued.

If you have obtained this document from a source other than the Empire State Purchasing Group, it is recommended that you obtain an official copy by registering with this service.

1. **Invitation** - Broome County, New York is inviting sealed proposals from qualified individuals for a Medical Health Benefits Plan Consultant detailed in the accompanying Request for Proposal (RFP). Proposals will be ***received*** until **2:00 p.m.** local time on **Wednesday, November 4, 2026.** Any proposal received after the time and date specified will not be considered.

2. **Submittal of Proposals – ONE (1) ORIGINAL, ONE (1) COPY, ONE (1) REDACTED COPY (for release in the event of a FOIL request), AND ONE (1) ELECTRONIC COPY ON USB MEDIA** of the proposal shall be delivered or mailed with any required data, in a **SEALED ENVELOPE**, which shall be properly identified with the following required information:

   1. **RESPONDENT'S FULL NAME & ADDRESS**
   2. **THE RFP TITLE (SEE ABOVE)**
   3. **RFP NUMBER (COVER SHEET)**

Submit proposals to: **BROOME COUNTY DIVISION OF PURCHASING**
60 HAWLEY STREET, 2nd FLOOR
EDWIN L. CRAWFORD COUNTY OFFICE BUILDING
BINGHAMTON, NEW YORK 13901

3. **Inquiries –** Any inquiries or requests for clarification regarding this RFP must be **received by 12:00 p.m. local time Monday October 19, 2026. No oral interpretation or clarifications will be given. Prospective proposers desiring further information or interpretations must make requests in writing by letter or e-mail**. All inquiries together with Broome County's response will be issued to all prospective proposers well in advance of the date for proposal submission. Requests for information should be addressed as follows:

   To: Thomas Dellapenna Jr., Risk Manager Thomas.Dellapenna@broomecountyny.gov
   Copy: Carolyn Secor, Broome County Division of Purchasing carolyn.secor@broomecountyny.gov

4. **Form of Proposals** - Proposals should be prepared in the format set forth in the accompanying documents, including a full description of the proposer's plan of work, qualifications and resumes of key personnel. A non-responsive or incomplete proposal will be removed from consideration.

5. **County's Prerogatives -** The county reserves the right to negotiate with any or all proposers; to reject any or all proposals, in whole or any part thereof; to re-solicit for proposals; and to waive any minor non-conformities in accordance with the county's determination of its own best interests.

6. **Fees** - The proposer's response must clearly present the basis for the proposer's compensation or fee structure for all services described in the proposal. If a particular service is "value added" the proposal shall so state. The fees shall include all ordinary operating expenses incurred by the firm. Extraordinary expenses incurred at the request of and with the consent of the county will be reimbursed.

7. **Tax Exempt Entity** - The County of Broome is a tax-exempt municipality; taxes are not to be included in any fee calculations.

8. **Proposal Longevity** - A proposal may be withdrawn at any time prior to the date specified as the closing date for acceptance; however, no proposer may withdraw or cancel a proposal for a period of ninety (90) days following the closing date for acceptance, nor shall the successful proposer withdraw, cancel or modify the proposal, after having been notified that the proposal has been accepted by the County, except at the request of the County or with the County's written consent.

9. **Evaluation of Proposals** - Proposals will be judged upon the proposer's ability to provide services, which meet the requirements set forth in the accompanying documents. The County reserves the right to make such investigations as it deems necessary to determine the ability of the proposer to provide services meeting a satisfactory level of performance in accordance with the County's requirements.

10. **Interviews** – Interviews or presentations by one, several or all the proposers may be requested by evaluators if deemed necessary to fully understand and compare the proposers' capabilities. Site visits by the evaluators may be conducted if deemed necessary by the County. Under Broome County rules and regulations, the County Board of Acquisition and Contract or the County Legislature may be the awarding authority for this type of service, depending on the amount of the accepted proposal:

    BOARD OF ACQUISITION & CONTRACT - UP TO $14,999
    COUNTY LEGISLATURE - $15,000 AND OVER

    However, the Legislature may be utilized for consideration of an award under $15,000 if it is deemed in the best interests of the County. A presentation by the proposer to committees of the Legislature and/or selected County Officials may be required prior to the recommendation and consideration of an award.

11. **Contract Terms** - At the time of the award by the County, the apparent successful proposer(s) must agree to a contract memorializing the terms and conditions which will govern the relationship and establish the obligations of each party. All proposers shall be aware that the contents of a successful proposal will be construed in favor of Broome County and that the final contract between the successful proposer and Broome County may incorporate by reference the County's RFP documents and the successful proposals and supporting submittals.

12. **Proposer's Conditions** - Any conditions or expectations on the part of the proposer for performance by the County must be set forth in the proposal. The County is not obliged to consider the proposer's post-submittal terms and conditions. ***** If any service is not included, or is available for an additional cost, the submittal shall clearly so state. *****

13. **Choice of Law & Venue** - The resulting agreement will contain language stating that the contract is performable in Broome County, New York, and shall be construed in accordance with the laws of the State of New York. If any legal action is brought in connection with the enforcement of the contract, exclusive venue shall lie in County of Broome, New York.

14. **Proposer's Preparation Costs** - Any costs incurred by the proposer in responding to the RFP is at the proposer's own risk and expense as a cost of doing business. All materials submitted with a proposal shall become property of Broome County and will not be returned to the proposer**. The proposer is hereby notified that all submitted materials are subject to disclosure pursuant to the New York State Freedom of Information Law (New York Public Officer's Law section 86 *et seq.)*.**

15. **Deliverables** – Although the specific deliverables are subject to negotiation the successful proposer will be expected to provide the required services as outlined in this proposal.

16. ***Ex parte* Contact** – Proposer shall not contact any other county officials other than those referenced in this RFP or in accordance with the procedure outlined herein. **Any proposer that violates the foregoing provision may be disqualified from consideration.** Proposals shall be based solely on information

provided in the RFP and any addenda thereto.

17. **Minimum Qualifications** - The County will not consider any proposals that do not meet the minimum qualifications defined in the specifications.

18. **Standard Assurances** - By submitting this proposal, the proposer agrees to comply with all of the Standard Assurances that may be attached.

19. **Cancellation** - (A) Broome County reserves the right to cancel the contract if the bidder fails to fully comply with all insurance requirements at any time. **or** (B) Broome County reserves the right to cancel the contract in the event the bidder fails to take adequate corrective action within fifteen (15) days after receiving notice of default in any of the obligations under the contract; including, but not limited to, the failure to deliver on specified delivery date(s) or the delivery of non-conforming goods or services. In the event of a default and cancellation of the contract, the bidder shall be responsible for payment to Broome County of a sum equal to the additional contract costs to the County. Broome County will communicate with the vendor/contractor's management office to resolve problems throughout the contract term. **Cancellation Due to Non-Appropriation of Funds/Leases** - Broome County reserves the right to cancel the contract in the event that the County Legislature, during the enactment of the County Budget, fails or declines to appropriate money for the continuation of the funds/lease(s).

20. **Term of Contract** – The term of contract shall commence upon approval by the Broome County Legislature, notification of award, mutual execution of an agreement, and receipt of a satisfactory certificate of insurance. Renewal will be at the sole discretion of Broome County. It is Broome County's intention to contract for a 3-year term.

21. **Legal Compliance** – Each proposer is responsible for full and complete compliance with all applicable laws, rules, regulations and licensing requirements imposed by any public authority having jurisdiction.

22. **Proposer's Insurance** – The contractor must provide and maintain in force at all times during the term of the services contemplated herein insurance **as described in the attached contract insurance specifications.** Appropriate evidence of such coverage, other than any required endorsements, is to be submitted as part of the proposal and included in the Appendix. The successful proposer will have twenty (20) days from the date of the notice of award to supply proof of application for any necessary policy endorsements.

23. **Auditable Records** – The successful contractor shall maintain such accounts and records in connection with its performance of services for the County as may reasonably be required by the County. The contractor shall, at any reasonable time during the term and for a period of one year following the completion of work under the contract, afford the County's agents and auditors reasonable facilities and access for the examination and audit of its records pertaining to its performance and shall, upon request by the County, produce and exhibit all such records.

24. **Non-Discrimination** – The contractor shall not discriminate or permit discrimination in its operations or employment practices against any person or group on the grounds of race, color, creed, national origin, gender or handicaps and shall furnish evidence of compliance with provision when so requested by the County.

25. **Contribution Statement and Gift Statement**

    A. Election Law Signed Statements: The county shall require a signed statement for any contract or agreement that requires formal bidding under the New York State General Municipal Law, the Broome County Charter or Local Law of Broome County that the professional business entity has not made a contribution within one calendar year immediately preceding the date of the contract or agreement which exceeded the permitted thresholds set forth in article 14 of the Election Law of the State of New York.

B. Gifts Signed Statement: The county shall require a signed statement for any contract or agreement that requires formal bidding under the New York State General Municipal Law, the Broome County Charter or Local Law of Broome County that discloses all gifts given, if any, by the bidding professional business entity to any officer or employee of the County of Broome.

26. Iranian Energy Sector Divestment

1. Contractor/Proposer hereby represents that said Contractor/Proposer is in compliance with New York State General Municipal Law Section 103-g entitled "Iranian Energy Sector Divestment", in that said Contractor/Proposer has not:

a. Provided goods or services of $20 Million or more in the energy sector of Iran including but not limited to the provision of oil or liquefied natural gas tankers or products used to construct or maintain pipelines used to transport oil or liquefied natural gas for the energy sector of Iran; or
b. Acted as a financial institution and extended $20 Million or more in credit to another person for forty-five days or more, if that person's intent was to use the credit to provide goods or services in the energy sector in Iran.

2. Any Contractor/Proposer who has undertaken any of the above and is identified on a list created pursuant to Section 165-a (3)(b) of the New York State Finance Law as a person engaging in investment activities in Iran, shall not be deemed a responsible bidder pursuant to Section 103 of the New York State General Municipal Law.

3. Except as otherwise specifically provided herein, every Contractor/Proposer submitting a bid/proposal in response to this Request for Bids/Request for Proposals must certify and affirm the following under penalties of perjury:

a. "By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief, that each bidder is not on the list created pursuant to NYS Finance Law Section 165-a (3)(b)."
Broome County will accept this statement electronically in accordance with the provisions of Section 103 of the General Municipal Law.

4. Except as otherwise specifically provided herein, any Bid/Proposal that is submitted without having complied with subdivision (a) above, shall not be considered for award. In any case where the Bidder/Proposer cannot make the certification as set forth in subdivision (a) above, the Bidder/Proposer shall so state and shall furnish with the bid a signed statement setting forth in detail the reasons therefore. The County reserves its rights, in accordance with General Municipal Law Section 103-g to award the Bid/Proposal to any Bidder/Proposer who cannot make the certification, on a case-by-case basis under the following circumstances:

a. The investment activities in Iran were made before April 12, 2012, the investment activities in Iran have not been expanded or renewed after April 12, 2012, and the Bidder/Proposer has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or
b. The County of Broome has made a determination that the goods or services are necessary for the County to perform its functions and that, absent such an exemption, the County of Broome would be unable to obtain the goods or services for which the Bid/Proposal is offered. Such determination shall be made by the County in writing and shall be a public document.

27. Executive Order 177 regarding Anti-Discriminatory Policies and Practices

The New York State Human Rights Law, Article 15 of the Executive Law, prohibits discrimination and harassment based on age, race, creed, color, national origin, sex, pregnancy or pregnancy-related conditions, sexual orientation, gender identity, disability, marital status, familial status, domestic violence victim status,

prior arrest or conviction record, military status or predisposing genetic characteristics.
The Human Rights Law may also require reasonable accommodation for persons with disabilities and pregnancy-related conditions. A reasonable accommodation is an adjustment to a job or work environment that enables a person with a disability to perform the essential functions of a job in a reasonable manner. The Human Rights Law may also require reasonable accommodation in employment on the basis of Sabbath observance or religious practices.

Generally, the Human Rights Law applies to:
• all employers of four or more people, employment agencies, labor organizations and apprenticeship training programs in all instances of discrimination or harassment;
• employers with fewer than four employees in all cases involving sexual harassment; and,
• any employer of domestic workers in cases involving sexual harassment or harassment based on gender, race, religion or national origin.

In accordance with Executive Order No. 177, the Bidder hereby certifies that it does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of their age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, military status, or other protected status under the Human Rights Law.

Executive Order No. 177 and this certification do not affect institutional policies or practices that are protected by existing law, including but not limited to the First Amendment of the United States Constitution, Article 1, Section 3 of the New York State Constitution, and Section 296(11) of the New York State Human Rights Law.

28. State Finance Law §139-m Gender-Based Violence and the Workplace

Effective November 5, 2025, State Finance Law §139-m requires a bidder certification on Gender-Based Violence and the Workplace for competitive New York State procurements. The certification must be subscribed to and affirmed under penalty of perjury and confirms the bidder has implemented a written policy addressing gender-based violence and the workplace and has shared that policy to all employees, directors, and board members.

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that the bidder has and has implemented a written policy addressing gender-based violence and the workplace and have provided such policy to all of its employees, directors and board members. Such policy shall, at a minimum, meet the requirements of subdivision 11 of section five hundred seventy-five of the executive law.

29. Required Documents - Proposals received that do not include the required documents signed and returned may be deemed non-responsive and removed from consideration to award.

ATTACHMENTS:
Insurance Requirements
Proposal Specification
Required Documents:
- Proposal Sheet
- Compliance Statement
- Variation and Justification Sheet
- Non-Collusive Bidding Certificate
- Iranian Energy Divestment Certification
- Election Law Statement
- Gifts Statement
- Insurance Acknowledgment
- W-9
- Respondent's Check List

Risk Management & Insurance Specifications

Project Description or Contract Number	Health Plan Consulting Services
Date Issued	September 9, 2026
Vendor name ("Contractor")	TBD
County Department	Risk & Insurance

Please read these specifications very carefully. These specifications are part of your contract with Broome County. It is advisable that you forward a copy of these specifications to your insurance agent. Broome County's waiver of any requirement(s) set forth herein shall not constitute a waiver of any other contract provision.

Part I. General Provisions

1. The Contractor shall procure and maintain during the term of this contract, at the Contractor's expense, the insurance policies listed in Part II with limits equal to or greater than the enumerated limits.
2. The contractor shall be solely responsible for any self-insured retention or deductible losses under each of the required policies.
3. Every required policy, including any required endorsements and any umbrella / excess policy, shall be primary insurance. Insurance carried by Broome County, its officers, or its employees, if any, shall be excess and not contributory insurance to that provided by the Contractor.
4. Every required coverage type shall be "occurrence basis".
5. The Contractor may utilize umbrella/excess liability coverage to achieve the limits required hereunder; such coverage must be at least as broad as the primary coverage (follow form).
6. All insurance certificates must be approved by the Office of Risk & Insurance Management. See section II for specific requirements regarding insurance proof.
7. The County reserves its right to request certified copies of any policy or endorsement thereto.
8. All insurance shall be provided by insurance carriers licensed & admitted to do business in the State of New York and must be rated "A–:VII" or better by A.M. Best (Current Rate Guide).
9. If the Contractor fails to procure and maintain the required coverage(s) and minimum limits such failure shall constitute a material breach of contract, whereupon Broome County may exercise any rights it has in law or equity, including but not limited to the following:
   (a) immediate termination of the contract;
   (b) withholding any / all payment(s) due under this contract or any other contract it has with the vendor (common law set-off); OR
   (c) procuring or renewing any required coverage(s) or any extended reporting period thereto and paying any premiums in connection therewith. All monies so paid by Broome County shall be repaid upon demand, or at the County's option, may be offset against any monies due to the Contractor.

Part II. Required Insurance – Minimum coverage types and amounts

Coverage Type	Minimum Limits
Commercial General Liability (CGL) including: ☐ Products & completed operations shall not be excluded. ☐ Broome County shall be named additional insured. The additional insured endorsement for the insurance shall not contain any exclusion for bodily injury or property damage arising from completed operations. ☐ **Proof of additional insured coverage shall be evidenced through a carrier issued endorsement. (ISO CG 20 10 11 85 or equivalent)**	$1,000,000 / $2,000,000 Per occurrence / minimum annual aggregate limit
Automobile Liability (Comprehensive Form) Must cover owned, non-owned and hired vehicles	$1,000,000 Combined Single Limit
Workers' Compensation and Employer's Liability See #2 ☐ If you have no employees (sole proprietor) you may provide an affidavit of exemption. (CE-200) if the box to the left is checked	Statutory amount / $100,000
Disability Insurance See #3 ☐ If you have no employees (sole proprietor) you may provide an affidavit of exemption. (CE-200) if the box to the left is checked	Statutory limits
Umbrella coverage: over CGL and Automobile	$1,000,000 CSL
Professional Liability • "Claims made" coverage must be maintained continuously for a minimum of two (2) years after contract termination. • Shall **not** contain restrictions for: ✓ Contractual Liability ✓ Express warranties or guaranties ✓ Personal injury **Proof of additional insured coverage shall be evidenced through a carrier issued endorsement.**	$1,000,000 / $3,000,000 Per occurrence / minimum Annual aggregate limit

1. **The certificate face shall**:
   - indicate coverage(s) (other than Workers' Compensation & Disability) & minimum amounts required in part II.1
   - provide that the coverage(s) shall not be cancelled, terminated or materially changed (including an insurance limits reduction) unless **thirty (30) days** prior written notice has been given to the County Office of Risk & Insurance Management.
   - Disclose all policy exclusions
   - Disclose the amount of self-insured retention or deductibles.
   - Show Products & completed operation

2. **Proof of Workers' Compensation Coverage must be provided on NYS issued WCB form C-105.2 or U-26.3. Exemption should be provided on CE-200**

3. **Proof of Disability Coverage must be provided on NYS issued WCB form DB-120.1 or DB820/829 or DB-155. Exemption should be provided on CE-200**

4. **The Additional Insured & Certificate Holder should read**:

   County of Broome
   Attn: Office of Risk & Insurance Management
   PO Box 1766
   Binghamton, NY 13902-1766

Part III Defense and Indemnification

The following provisions concerning indemnification shall not be construed to indemnify the County for damages arising from bodily injury to persons or property contributed to, caused by or resulting from the sole negligence of the County or its employees.

The Contractor agrees to indemnify and hold the County of Broome and any officer, employee and/or agent thereof free and harmless from any and all losse(s), penalty(ies), damages, settlement(s), cost(s), charge(s), professional fee(s) or other expense(s) or liability(ies) of every kind arising from or relating to any and all claim(s), lien(s), demand(s), obligation(s), action(s), proceedings or causes of action of any kind in connection with, or arising directly or indirectly from the negligent error(s) and/or omission(s) and/or act(s) of the Contractor (including Contractor's employees, agents or and/or subcontractors) in the performance of this agreement.

Without limiting the generality of the preceding paragraphs, the following shall be included in the indemnity hereunder: any and all such claims, etc., relating to personal injury, death, damage to property, or any actual or alleged violation of any applicable statute (including specifically but not limited to New York State Labor Law §§ 200; 202; 240 & 241), ordinance, administrative order, executive order, rule or regulation, or decree of any court of competent jurisdiction in connection with, or arising directly or indirectly from, errors and/or negligent acts by the Contractor, as aforesaid,.

Part IV Safety

Broome County specifically reserves the right to suspend or terminate all work under this contract whenever Contractor and/or contractor's employees or subcontractors are proceeding in a manner that threatens the life, health or safety of any of contractor's employees, subcontractor's employees, county employees or member(s) of the general public on county property. This reservation of rights by Broome County in no way obligates Broome County to inspect the safety practices of the Contractor.

If Broome County exercises its rights pursuant to this part, the contractor shall be given three days to cure the defect, unless Broome County, in its sole and absolute discretion, determines that the service cannot be suspended for three days due to Broome County's legal obligation to continuously provide contractor's service to the public or Broome County's immediate need for completion of the Contractor's work. In such case, Contractor shall immediately cure the defect.

If the Contractor fails to cure the identified defect(s), Broome County shall have the right to immediately terminate this contract. In the event Broome County terminates this contract, any payments for work completed by the Contractor shall be reduced by the costs incurred by Broome County in re-bidding the work and /or by the increase in cost that results from using a different vendor.

Proposal Specification for Medical Health Benefits Plan Consultant

This RFP is to identify an independent consulting firm for a self-insured health program providing medical coverage to its employees and retirees. This includes evaluating, redesigning, and reporting on the current programs. Broome County is requesting ongoing assistance in identifying alternative benefit options and associated costs based as well as an overall strategy.

INTRODUCTION:

Broome County is currently self-insured for its medical and prescription health coverage. This RFP is for Medical Health Benefits Consulting only.

The Health Benefits Plan Consultant will assist in the research and development of the County's long-term strategy to stabilizing/reducing its health benefits cost through the development of cost efficiencies and savings within the County's health benefits plan. The Consultant is also expected to provide a variety of services involving the County's health benefits plans to include, but not limited to, ensuring compliance with federal and state laws, vendor transitional issues, plan coverage disputes, discount pricing negotiations with non-network providers, etc.

Broome County conducts a wide scope and variety of activities and functions, typical in many respects to other counties similarly situated in New York State. The County administers benefits for approximately 2,198 employees and approximately 5,995 covered lives including over 1621 retirees.

Broome County's health benefits annual budget for 2026 was approximately $70,000,000.

The Broome County workforce is currently represented by the following union bargaining units:

CSEA, BAPA, AFSCME, 1912 & 1883, ATU, CSEA Library, Corrections, Law Enforcement, FAC, ADMIN, ESPA GUILD

SCOPE OF THE WORK TO BE PERFORMED:

Respondents should specify the ability or inability to meet each of the below and if there are any variations that may be performed.

- Assists Broome County in the study of its current medical healthcare benefits schedule and identify a full range of alternative options. Subsequently redesign the plan document after a full and comprehensive study of Broome County needs and the alternative considerations to include estimated costs.
- Assists Broome County with reviewing the advantages of plan design changes.
- Performs claims data collection procedures and identifying analytical tools that could improve the efficient management of the health care plan.
- Provides ongoing services interacting with Broome County staff and other current consultants for legal, actuarial, claims administration, Stop Loss insurance and financial reporting in a cooperative manner.
- Assists with HIPAA notification and other federal/state compliance issues.
- Communicate new trends in health benefit management to the County on an ongoing basis.
- Provides information regarding health plan data for labor union negotiations.
- Regularly benchmarks and studies information regarding plan competitiveness and strategies.
- Issues in conjunction with County administration, Requests for Proposals for medical benefits; implement new claims administrator contract as needed.
- Acts as a single point of contact on behalf of the County with current and future vendors with regard to transitional/plan coverage issues, customer services issues including member services, and claims administration.
- Assists County with members' medical claims questions. Has ability to provide a dedicated customer service telephone number for Broome County health plan members to call with benefit and claims questions.
- Provides an option for an online benefit administration system that the County and its health plan members could access to perform self-enrollment and inquiries directly to third party vendors.
- Assists County with compliance in state and federal laws and regulations, as appropriate to a non- federal governmental plan.

- Provides guidance regarding the impact of the state and federal legislation on the County's self- funded medical plan.
- Procures stop loss premium quotes.
- Oversees the design of new or restructured benefit plans.
- Audits processes and system capabilities of third-party providers.
- Provides monthly premium rate equivalents for the plan's next fiscal year.
- Provides tools for eligibility reporting and audit for online report distribution.
- Possesses ability to assess potential problem areas and recommend improvements in electronic download processes between providers.
- Assists in the development of employee/employer communications as they apply to the County's health plan.
- Develops customized reports integrating data from multiple third-party administrators.
- Analyzes claims experience and utilization data to develop annual reports and to recommend changes in benefit design and plan efficiencies on a continual basis.
- Implements and predicts the result of cost management, disease management and wellness programs.

EVALUATIVE CRITERIA

The proposals will be awarded using weighted criterion as follows:

Criterion	**Weighting**
Ability to Meet Scope of Work Requested	30%
Qualifications	20%
Previous Experience and References	20%
Proposed Commissions and Other Fees	30%

REQUIRED DOCUMENTS

BROOME COUNTY
DIVISION OF PURCHASING
PROPOSAL SHEET

Medical Health Benefits Plan Consultant

The undersigned proposes and offers to furnish and deliver for Broome County a **Medical Health Benefits Plan Consultant** the specifications for which are attached. This proposal and offer is guaranteed to fulfill the minimum specifications as prepared by Broome County.

** This submission constitutes a certification that no Broome County Officer or employee has any interest herein. In the event that any Broome County Officer or employee has any such interest, the full nature thereof shall be disclosed.

NAME OF COMPANY: _____

ADDRESS OF COMPANY: _____

_____

NAME & TITLE OF OFFICER OR PERSON SIGNING THIS BID: _____

SIGNATURE: _____

DATE: _____

TELEPHONE NUMBER: _____

800 NUMBER: _____

E-MAIL ADDRESS: _____

RESPONDENTS MUST SUBMIT THIS ORIGINAL SHEET AND AN EXACT, CLEAR DUPLICATE.

VARIATION AND JUSTIFICATION SHEET

Medical Health Benefits Plan Consultant

Respondent to address specific non-compliance with requirements below:

RESPONDENTS MUST SUBMIT THIS ORIGINAL SHEET AND AN EXACT, CLEAR DUPLICATE.

NON-COLLUSIVE BIDDING CERTIFICATE

Medical Health Benefits Plan Consultant

NON-COLLUSIVE BIDDING CERTIFICATION:

"(a) By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief:

(1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;

(2) Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and

(3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition."

_____

NAME OF COMPANY

_____

SIGNATURE & TITLE OF SIGNER

NOTE:

A bid shall not be considered for award nor shall any award be made where (a) (1), (2) and (3) above have not been complied with; provided, however, that if in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reason therefore. Where (a) (1), (2) and (3) above have not been complied with, the bid shall not be considered for award nor shall any award be made unless the head of the purchasing unit of the political subdivision, public department, agency or official thereof to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

The fact that a bidder (a) has published price lists, rates or tariffs covering items being procured, (b) has informed prospective customers of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being bid, does not constitute, without more, a disclosure within the meaning of subparagraph one (a).

Any bid hereafter made to any political subdivision of the state or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, or local law, and where such bid contains the certification referred to in subdivision one of this section, shall be deemed to have been authorized by the board of directors of the bidder, and such authorization shall be deemed to include the signing and submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation.

RESPONDENTS MUST SUBMIT THIS ORIGINAL SHEET AND AN EXACT, CLEAR DUPLICATE.

IRANIAN ENERGY DIVESTMENT CERTIFICATION

Pursuant to Section 103-g
Of the New York State
General Municipal Law

A. By submission of this bid/proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the New York State Finance Law.

B. A Bid/Proposal shall not be considered for award, nor shall any award be made where the condition set forth in Paragraph A above has not been complied with; provided, however, that in any case the bidder/proposer cannot make the foregoing certification set forth in Paragraph A above, the bidder/proposer shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefore. Where Paragraph A above cannot be complied with, the Purchasing Unit to the political subdivision, public department, agency or official thereof to which the bid/proposal is made, or his designee, may award a bid/proposal, on a case by case business under the following circumstances:

1. The investment activities in Iran were made before April 12, 2012, the investment activities in Iran have not been expanded or renewed after April 12, 2012, and the Bidder/Proposer has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran; or

2. The political subdivision makes a determination that the goods or services are necessary for the political subdivision to perform its functions and that, absent such an exemption, the political subdivision would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.

_____
Signature

_____
Title

RESPONDENTS MUST SUBMIT THIS ORIGINAL SHEET AND AN EXACT, CLEAR DUPLICATE.

ELECTION LAW STATEMENT

I, _____ state that I am the _____ of
(Type or print name of individual) (Position)

_____. In the calendar year immediately preceding the date of this
(Company)

Statement, _____ has not made a contribution which exceeded
(Company)

the permitted thresholds (thresholds limits are available at the Broome County Board of

Elections) set forth in Article 14 of the Election Law of the State of New York.

Dated:_____

By: _____
(Signature of Individual)

RESPONDENTS MUST SUBMIT THIS ORIGINAL SHEET AND AN EXACT, CLEAR DUPLICATE.

GIFTS STATEMENT

Gifts signed statement: The County shall require a signed statement for any contract or agreement that requires formal bidding under the New York State General Municipal Law, the Broome County Charter or Local Law of Broome County that discloses all gifts given, if any, by the bidding professional business entity (the bidder) to any officer or employee of the County of Broome.

CERTIFICATION

I, _____ state that I am the _____ of
(Print or type name of individual) (Position)

_____. In the calendar year immediately preceding
(Company)

the date of this Statement, _____ has made the following gifts
(Company)

to Officers and / or Employees of the County of Broome:

Name of County Officer / Employee and item description	Value of Gift
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____

(add additional sheets if necessary)

_____ I have not provided gifts to Officers or Employees of Broome County

Dated:_____

By: _____
(Signature of Individual)

RESPONDENT'S MUST SUBMIT THIS ORIGINAL SHEET AND AN EXACT, CLEAR DUPLICATE.

INSURANCE ACKNOWLEDGEMENT

THE FOLLOWING INSURANCE ACKNOWLEDGEMENT MUST BE COMPLETED AND SIGNED AND SUBMITTED WITH PROPOSAL EVEN IF THE RESPONDENT IS UNABLE TO PROVIDE THEIR CERTIFICATE OF INSURANCE WITH THEIR PROPOSAL.

THE CERTIFICATE OF INSURANCE AND RELATED ENDORSEMENT MUST STILL BE PROVIDED PRIOR TO THE ISSUANCE OF A CONTRACT.

The _____, if a successful respondent, agrees to provide
(Company Name)
an insurance certificate w/endorsement, in compliance with the insurance requirements set forth

in this RFP:

PROPOSAL TITLE: **Medical Health Benefits Plan Consultant**

Authorized Signature _____

Name & Title of
Authorized Signer: _____

Dated: _____

Insurance Agency: _____

Address of Agency: _____

_____

Contact Person
at Agency: _____

Phone Number
of Agency: _____

RESPONDENTS MUST SUBMIT THIS ORIGINAL SHEET AND AN EXACT, CLEAR DUPLICATE.

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . _____

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) _____

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____

(Applies to accounts maintained outside the United States.)

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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

☐☐ – ☐☐☐☐☐☐☐

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**

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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

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-NEC (nonemployee compensation).

• 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), and 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.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);

2. Certify that you are not subject to backup withholding; or

3. Claim exemption from backup withholding if you are a U.S. exempt payee; and

4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and

5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

• An individual who is a U.S. citizen or U.S. resident alien;

• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;

• An estate (other than a foreign estate); or

• A domestic trust (as defined in Regulations section 301.7701-7).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

• In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.

• In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.

• In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;

2. You do not certify your TIN when required (see the instructions for Part II for details);

3. The IRS tells the requester that you furnished an incorrect TIN;

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or

5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "*By signing the filled-out form*" above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note for ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

• **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or • Sole proprietorship	Individual/sole proprietor.
• LLC classified as a partnership for U.S. federal tax purposes or • LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	Limited liability company and enter the appropriate tax classification: P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

• Generally, individuals (including sole proprietors) are not exempt from backup withholding.

• Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.

• Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.

• Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

2—The United States or any of its agencies or instrumentalities.

3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.

5—A corporation.

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.

7—A futures commission merchant registered with the Commodity Futures Trading Commission.

8—A real estate investment trust.

9—An entity registered at all times during the tax year under the Investment Company Act of 1940.

10—A common trust fund operated by a bank under section 584(a).

11—A financial institution as defined under section 581.

12—A middleman known in the investment community as a nominee or custodian.

13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5.[2]
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

[1] See Form 1099-MISC, Miscellaneous Information, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov*. You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/EIN*. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor[2]
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
6. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity[4]
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

** For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint*. You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Go to *www.irs.gov/IdentityTheft* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.

BROOME COUNTY
DIVISION OF PURCHASING
RESPONDENT'S CHECK LIST

		YES	NO
1.	I have read **ALL** the instructions and specifications.	_____	_____
2.	I have filled in **ALL** the blank spaces.	_____	_____
3.	I have furnished, **IN DUPLICATE**, all required information, if applicable	_____	_____
4.	I have included a redacted copy of the proposal	_____	_____
5.	I am an officer of the company.	_____	_____
6.	I have the authority to obligate my company under the laws of the State of New York.	_____	_____
7.	I am returning the signed ORIGINAL (Check **"Original"** on Front), and a duplicate (Check **"Duplicate"** on Front) of the following:		
	a) Proposal Sheet(s);	_____	_____
	b) Variation & Justification Sheet;	_____	_____
	c) Non-Collusive Bidding Certificate;	_____	_____
	d) Iranian Energy Divestment Certification;	_____	_____
	e) Election Law Statement;	_____	_____
	f) Gifts Statement;	_____	_____
	g) Insurance Requirements Acknowledgement;	_____	_____
	h) W-9;	_____	_____
	i) Respondent's Checklist;	_____	_____
8.	I have made copies for my records.	_____	_____
9.	I have indicated the solicitation title and date on the sealed envelope.	_____	_____
10.	If successful, the **"insurance requirements certificate"**, from an insurance company licensed to do business by New York State, will be provided within ten working days after notification of the award.	_____	_____
11.	I have provided the necessary information for responsibility questions, if applicable	_____	_____

_____ _____
SIGNATURE DATE

_____ _____
NAME (TYPED OR PRINTED) TITLE

_____
COMPANY

NOTICE: All proposals received that lack 1) a signed Proposal; or 2) a Non-Collusive Bidding Certificate may be rejected as being non-responsive at the formal opening. The County procurement officer/s or employees conducting the proposal opening will document the non-responsiveness in writing.

RESPONDENTS MUST SUBMIT THIS ORIGINAL SHEET AND AN EXACT, CLEAR DUPLICATE.