**ATTESTATION FORM**

**ATTACHMENT J**

***Respondent Name:***

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| ***Delta Dental Plan of Indiana, Inc.*** |

1. **Mandatory Submissions and Requirements**: Disagreement with these items may result in the response being disqualified.

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| Attachment J: Attestation Form | Have completed in its entirety and submitted |
| Section 1.10 Pricing | Have read and meet this requirement |
| Section 2.3.6 Mandatory Contract Terms/Clauses | Have read and understand this section |
| Section 3.2 Executive Summary | Have completed, signed, and submitted |
| Section 3.2 Attachment A: Minority and Women Business Enterprise form, IDOA provided certification letter and Subcontractor’s signed letter on company letterhead. | Have completed, signed, and submitted  or  Opting not to submit |
| Section 3.2 Attachment A1: Indiana Veteran Owned Small Business form IDOA provided certification letter and Subcontractor’s signed letter on company letterhead. | Have completed, signed, and submitted  or  Opting not to submit |
| Section 3.2 Attachment C: Indiana Economic Impact | Have read, completed, and submitted |
| Section 3.2 Attachment D: Cost Proposal (Excel Workbook) | Have completed and submitted |
| Section 3.2 Attachment E: Business Proposal | Have completed and submitted |
| Section 3.2 Attachment F: Technical Proposal | Have completed and submitted |
| Section 3.2 Attachment F1: Technical Proposal | Have completed and submitted |

1. **Confirm mutual understanding and submission.**

|  |  |
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| 1.15 and 2.1 Confidential Information:  The complete list of Confidential and Redacted files is specified in section 4.0 of this attachment. | Have read, and submitted  or  Have read, and does not apply to response |
| 2.2.1 Ability and Desire to Supply the Required Products or Services | Have read, and agree |
| 2.3.6 Contract Terms/Clauses | Confirm Respondent’s Legal Representation has read and accepts Sample Contract language.  or  Confirm Respondent’s Legal Representation has read, and submitted alternative language per Attachment E. |
| 2.6.4. Subcontractors  (Additional subcontractors/those not submitted in Attachment A/Attachment A1) | Have read, agree, listed subcontractors in 5.0 of this attachment and submitted documents  or  Have read, and does not apply to response |
| Attachments L, L1, L2, and L3 | Have read, Attachments L, L1, L2, and L3.  and  Have submitted a completed Attachment L |

1. **Claim clarification**

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| --- | --- |
| 2..6.3 Buy Indiana Initiative/Indiana Company | YES claiming (points only awarded if finalized per Buy Indiana registry)  or  NO, not claiming |

1. **Confidential / Redacted File: confirm submission if applicable**

More rows may be inserted if necessary

Responses must include the following required information:

* List all documents or sections of documents, for which statutory exemption to APRA;
* Specify which statutory exception of APRA applies for each document or section of the document;
* Provide a description explaining how the statutory exception to the APRA applies for each document or section of the document; and
* Provide a separate redacted or confidential, whichever is applicable, version of the document. File name should use the following format:
* (insert rfp #)\_(insert Att letter)\_CONFIDENTIAL
* (insert rfp #)\_(insert Att letter)\_REDACTED
* More rows may be inserted if necessary

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Filename** | **Document Section** | **Document**  **Page #** | **Statutory exception reference** | **Rationale for application of the statute** | **Submitted** |
| 23-74487 Att D - Cost Proposal - Updated 4.25.2023 CONFIDENTIAL | Att. D  Cost Proposal |  | IC 5-14-3-4(a)(3) and (4) | Information is confidential and proprietary network utilization and reimbursement strategies that competitors can use to unfairly compete with us |  |
|  |  |  |  |  |  |
|  |  |  | IC 5-14-3-4(a)(3) and (4) |  |  |
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1. **Subcontractors per RFP 2.6.4** (additional subcontractors/those not submitted in Attachment A/Attachment A1)

More rows may be inserted if necessary

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| **Subcontractor Name** | **Function to be performed** | **Document Submitted** |
| **Employee Benefit Advisors, LLC** | **WBE:** **Employee Education of the Vision Benefits and Reporting subcontracted MBE/WBE/VBE spend via the pay/audit system.** | Executed contract  or  Letter of Agreement |
| **Smiling Cross dba Smile Promotions** | **WBE: Promotional items and employee give-a-ways** | Executed contract  or  Letter of Agreement |
| **Fineline Graphics, Inc. dba Fineline Printing Group** | **MBE: Printing of ID cards, mailings, and other items as needed** | Executed contract  or  Letter of Agreement |
| **Bravia Services, LLC** | **VBE: Business Administration and support services** | Executed contract  or  Letter of Agreement |
|  |  | Executed contract  or  Letter of Agreement |
|  |  | Executed contract  or  Letter of Agreement |
|  |  | Executed contract  or  Letter of Agreement |

1. **Respondent additional attachments (OPTIONAL)**

More rows may be inserted if necessary

|  |  |
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| **Filename** | **RFP Attachment Reference** |
| Bravia Service (VBE) Commitment Letter | Attachment A1 |
| Bravia Services (VBE) Statement of Work | Attachment A1 |
| Bravia Services LLC – IVOSB – Certification Letter | Attachment A1 |
| Employee Benefit Advisors (WBE) Commitment Letter | Attachment A |
| Employee Benefit Advisors LLC – SOI WBE Cert | Attachment A |
| Fineline Graphics – MBE – State Certification | Attachment A |
| Fineline Printing (MBE) Commitment Letter | Attachment A |
| NMSDC 22-23 Smiling Cross dba Smile Promotions | Attachment A |
| Smile Promotions (WBE) Commitment Letter | Attachment A |
| WMBE 20-23 Smiling Cross dba Smile Promotions | Attachment A |
| 23-74487 Att B – Exhibit – Delta Dental of Indiana Sample Group Contract – Self-Insured | Attachment B |
| 23-74487 Att C EXHIBIT Derivation of number | Attachment C |
| 2020 -Consolidated and Combined Financial Statements | Attachment E |
| 2021 – Combined and Consolidated Financial Statements | Attachment E |
| Delta Dental – Diversity, Equity and Inclusion Program Details | Attachment E |
| Delta Dental BCM Program Charter | Attachment E |
| Delta Dental of Indiana By-Laws 2010 | Attachment E |
| Enterprise Executive Org Chart | Attachment E |
| Secretary of State Registration – Delta Dental Plans of Indiana | Attachment E |
| A Guide to Client Knowledge Reports v3.0 | Attachment F |
| Network Coverage Map | Attachment F |
| HITRUST Interim Letter | Attachment L |
| Tristate Access Management Policy | Attachment L |
| TriState Information Security Policy 24 | Attachment L |
| 23-74487 Att L1 Terms and Conditions SaaS REDLINE | Attachment L1 |