



City of Houston Pay or Play Program Certification of Compliance



Prime Contractor: _____ Subcontractor: _____

Address: _____

Outline Number: _____ Contract Amount: \$ _____

Project Name: [Legal Project Name] _____

Contracting Department: _____

In accordance with the City of Houston Pay or Play Program authorized by Ordinance 2007-534 and Executive Order 1-7, Prime/Subcontractor agrees to abide by the terms of this Program. This certification is required of all contractors for contracts subject to the program. You must agree either to PAY, PLAY or BOTH for all covered employees. If selecting BOTH, the Contractor/Subcontractor may Pay on behalf of some covered employees and Play on behalf of the remaining covered employees.

The Prime/Subcontractor will comply with all provisions of the Pay or Play Program Requirements and will furnish all information and reports requested to determine compliance of the Pay or Play Program (See Executive Order 1-7 for the terms of the Pay or Play program).

The Prime/Subcontractor may agree to **“Pay”** \$1.00 per hour for work performed by covered employees under the contract with the City. If independent contract labor is utilized the Contractor/Subcontractor agrees to report hours worked by the independent contract laborer and pay \$1.00 per hour for work performed.

The Prime/Subcontractor may agree to **“Play”** by providing health benefits to each covered employee. The health benefits must meet the following criteria:

- The employer contributes no less than 75% of the total premium costs per covered employee per month toward the total premium cost.
- The covered employee contributes, if any amount, no greater than 25% of the total monthly premium costs.

Please select whether you choose to:	Pay	Play	Both

The Prime/Subcontractor will file compliance reports with the City, which will include activity for covered employees subject to the program, in the form and to the extent requested by the administering department. Compliance reports shall contain information including, but not limited to, documentation showing employee health coverage and employee work records.

Note: The contractor is responsible to the City for compliance of covered employees of covered subcontractors.

Please indicate the estimated number of:	PRIME	SUB
Total Employees on City Job		
Covered Employees		
Non-Covered Employees		
Exempt Employees		

I hereby certify that the above information is true and correct.

Please Sign

Date

Please Print Name & Title