



# City of Houston Pay or Play Program Self-Insured Contractor Request



Prime: \_\_\_\_\_ Subcontractor: \_\_\_\_\_ Vendor# \_\_\_\_\_

Contract # & Description: \_\_\_\_\_ Contracting Department: \_\_\_\_\_

We hereby submit our request for acceptance of our self-insured status to comply with City's POP program. Our self-insured plan is funded by \_\_\_\_\_ and adjudication of health claims and network administration is provided by \_\_\_\_\_.

We hereby certify, represent and affirm that our health benefits meet the Pay or Play Program's minimum requirements as set in E.O. 1-7. The following documents are being provided to support our self-insured status:

**(Check the appropriate box. Note: first three items below are required)**

- Representation Letter.** *(Explaining the contractor's health benefits program and certifying that information provided and enclosed is true and correct to the best of their knowledge and meets the minimum POP Ordinance requirements.)*
- Confirmation letter from the Insurance plan administrator** *(confirmation should include their brief introduction and relationship with the Contractor, existence and continuity of self-insured program, how long operating as administrator and certification of employees claims processing etc.)*
- Two copies of Pre-Printed Health Benefits Program -Employee Guide**
- Other(s) \_\_\_\_\_

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Signature & Date

### Notary Public

The State of \_\_\_\_\_, County of \_\_\_\_\_.

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_, known to me (or proved to me on the oath of \_\_\_\_\_, to be the person whose name is subscribed to the forgoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office, this \_\_\_\_\_ day \_\_\_\_\_ of 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas or \_\_\_\_\_ (Your State)

My commission expires, The \_\_\_\_\_ day \_\_\_\_\_ of 20\_\_\_\_\_.

### City of Houston – Office of Business Opportunity Use Only

**Action:**  Approved  Disapproved **Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Important:** Please note that If the above information is found to be incorrect or submitted fraudulently, the self-insured status, if granted will be cancelled retroactively and will be null and void. In addition, the contractor will have to pay the amounts due towards POP as determined by Mayor's Office of Business Opportunity (OBO) Department of City of Houston.