

**STATE OF NORTH CAROLINA**  
**Department of State Treasurer, State Health Plan Division**

|                                                                                                                              |                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Refer <u>ALL</u> Inquiries regarding this RFP to:<br>Antonio Leathers, Contracting Agent<br>Antonio.Leathers@nctreasurer.com | Request for Proposal #: 270-20260216PBMS                                         |
|                                                                                                                              | Proposals will be publicly opened: Minimum Requirements: March 2, 2026, 10 AM ET |
| Using Agency: The North Carolina State Health Plan for Teachers and State Employees                                          | Commodity No. and Description:<br>851017 – Health Administration Services        |
| Requisition No.: N/A                                                                                                         |                                                                                  |

**EXECUTION**

In compliance with this RFP, and subject to all the conditions herein, the undersigned Vendor offers and agrees to furnish and deliver any or all items upon which prices are bid, at the prices set opposite each item within the time specified herein.

By executing this Proposal, the undersigned Vendor understands that false certification is a Class I felony and certifies that:

- this Proposal is submitted competitively and without collusion,
- none of its officers, directors, or owners of an unincorporated business entity have been convicted of any violations of Chapter 78A of the General Statutes, the Securities Act of 1933, or the Securities Exchange Act of 1934, and
- it is not an ineligible Vendor as set forth in G.S. 143-59.1.

Furthermore, by executing this Proposal, the undersigned certifies to the best of Vendor's knowledge and belief, that:

- it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any federal or state department or agency.

As required by G.S. 143-48.5, the undersigned Vendor certifies that it, and each of its subcontractors for any Contract awarded as a result of this RFP, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system.

G.S. 133-32 and Executive Order 24 (2009) prohibit the offer to, or acceptance by, any State Employee associated with the preparing plans, specifications, estimates for public contracts; or awarding or administering public contracts; or inspecting or supervising delivery of the public contract of any gift from anyone with a contract with the State, or from any person seeking to do business with the State. By execution of this response to the RFP, the undersigned certifies, for the Vendor's entire organization and its employees or agents, that the Vendor is not aware that any such gift has been offered, accepted, or promised by any employees of your organization.

By executing this proposal, the Vendor certifies that it has read and agreed to the **INSTRUCTION TO VENDORS** and the **GENERAL TERMS AND CONDITIONS** incorporated herein. These documents can be accessed from the ATTACHMENTS section within this document.

**Failure to execute/sign proposal prior to submittal may render proposal invalid and it MAY BE REJECTED. Late proposals shall not be accepted.**

|                                                                                                     |                   |                    |
|-----------------------------------------------------------------------------------------------------|-------------------|--------------------|
| COMPLETE/FORMAL NAME OF VENDOR:                                                                     |                   |                    |
| STREET ADDRESS:                                                                                     | P.O. BOX:         | ZIP:               |
| CITY & STATE & ZIP:                                                                                 | TELEPHONE NUMBER: | TOLL FREE TEL. NO: |
| PRINCIPAL PLACE OF BUSINESS ADDRESS IF DIFFERENT FROM ABOVE (SEE INSTRUCTIONS TO VENDORS ITEM #21): |                   |                    |
| PRINT NAME & TITLE OF PERSON SIGNING ON BEHALF OF VENDOR:                                           |                   | FAX NUMBER:        |
| VENDOR'S AUTHORIZED SIGNATURE*:                                                                     | DATE:             | EMAIL:             |

**VALIDITY PERIOD**

Offer shall be valid for at least 180 days from date of bid opening, unless otherwise stated here: \_\_\_\_\_ days, or if extended by mutual agreement of the Parties in writing. Any withdrawal of this offer shall be made in writing in accordance with the instructions herein.

Proposal Number: **270-20260216PBMS**

Vendor: \_\_\_\_\_

**ACCEPTANCE OF PROPOSAL**

If your Proposal is accepted, as described in more detail in Section 4.14 Contract Documents, all provisions of this RFP, along with the written results of any negotiations, shall constitute the written agreement between the Parties. This Contract is not binding until the Plan's Executive Administrator has signed this Acceptance of Proposal.

**FOR STATE USE ONLY:** Offer accepted and Contract awarded for : \_\_\_\_ Module 1 \_\_\_\_ Module 2 \_\_\_\_ Module 3  
this \_\_\_\_ day of \_\_\_\_\_, 2026, by

\_\_\_\_\_  
(Authorized Representative of the NC Department of State Treasurer, State Health Plan Division).