

SECTION	REQUIREMENT	VENDOR 1	VENDOR 2
A	Standard Form 33 (SF33)		
A	Boxes 15A, 15B, 16, 17, 18		
B	Pricing Schedule		
B.2.3	Price Table for Base Year		
B.2.4-7	Price Table for Option Years		
B.2.8	Price Table for Totals		
B.3.2	Retention Amounts		
E	Inspection and Acceptance		
E.2	Quality Assurance and Surveillance Plan, no more than three (3) customer complaints are received per month (see L.2.6)		
H	Special Contract Requirements		
H.4.A.4	Contractor shall send employee claim reimbursement payments to employees not later than two weeks after a claim is submitted (see L.2.9)		
H.4.B.1	Claims shall be picked up from the COR each Tuesday (see L.2.9)		
H.4.B.2	Contractor shall date stamp and screen all claims submitted on the day of receipt. If there are any missing documents or information thereby disallowing said claim to be payable, the Contractor shall notify the employee within two days, with a copy to the COR (see L.2.9)		
H.4.B.3	Contractor shall settle the claims no later than two weeks from the date the claim is submitted (see L.2.9)		
H.4.B.4	Settlement method shall be selected by the payee, cash or EFT		
H.4.B.5	Contractor shall accept the employee's or dependent's unrestricted choice to go for medical care to clinics and/or hospitals designated for direct payment by the Contractor		
H.5.A	Contractor shall provide monthly Employee Claims Report (see L.2.8)		
H.6.1	Contractor shall take all such steps as are necessary, and obtain and pay for all permits, taxes and fees as are required by GoDRC		

H.6.2	Contractor shall possess all permits, licenses, and any other appointments required for the prosecution of work under this contract		
K	Representations and Certifications		
K.1.B.2	Full name and title provided		
K.4.D	TIN provided, only if US company		
K.6.2	Contractor must be SAM registered		
K.7.A	Box checked ARE NOT		
K.7.B	Box checked HAVE NOT		
K.7.C	Box checked ARE NOT		
K.7.D	Box checked HAVE NOT		
K.7.E	Box checked HAS NOT		
K.8.B	Check by line 1, Contractor certifies statement i and ii		
K.9	Authorized Contract Administrator provided if different from person who signed the offer (optional)		
K.11.C.1	Box checked IS NOT		
K.11.C.2	Box checked IS NOT		
K.12.D.1	Box checked WILL NOT		
K.12.D.2	Box checked DOES NOT (otherwise post needs to use NDAA waiver)		
K.13.D.1	Box checked IS or IS NOT a foreign person (only US citizen/company should check IS NOT)		
K.13.D.2	If foreign person (previous response IS), then can select full OR partial/no exemption and attach form IRS W14 (optional)		
L	Instructions, Conditions and Notices		
L, Part 4.3	Indicated whether any insurance plan offered will be subject to participation in any profit sharing credit program, pooling agreement (including multinational agreements) or any other premium credit procedure (OPTIONAL)		
L, Part 4.4	Employee Pooling: described the size of the pool, whether it is a mixture of commercial and government (if applicable), alternative pools that are available in the event the economic price adjustment clause becomes effective (OPTIONAL)		

L, Part 4.9	Financial Statement (OPTIONAL--only required if requested by CO)		
M	Evaluation Factors		
M.1	Proposal is prepared in accordance with Section L Instructions		
M.2	Responsibility Determination:		
M.2	· Adequate financial resources or the ability to obtain them;		
M.2	· Ability to comply with the required performance period, taking into consideration all existing commercial and governmental business commitments;		
M.2	· Satisfactory record of integrity and business ethics;		
M.2	· Necessary organization, experience, and skills or the ability to obtain them;		
M.2	· Necessary equipment and facilities or the ability to obtain them; and		
M.2	· Be otherwise qualified and eligible to receive an award under applicable laws and regulations.		
M.3.2	Profit sharing credit plan (OPTIONAL)		
M.4	Proposal includes fixed prices		
M.5	Proposal meets Technical Evaluation Criteria		
M.7	Price Evaluation		

