



**CERTIFICATION OF COMPLIANCE WITH EMPLOYEE/ SUBCONTRACTOR
QUALIFIED HEALTH INSURANCE COVERAGE
EFFECTIVE MARCH 17, 2016**

DFCM PROJECT NAME: _____

DFCM PROJECT NO: _____ DFCM CONTRACT NO: _____

The undersigned Prime Contractor/Prime Designer for the above-referenced project, hereby certifies to the Director of the Division of Facilities Construction and Management that the Prime Contractor/ Prime Designer that has a contract of \$2,000,000 or greater at the original execution of the contract and any Subcontractor/Design Subconsultant that has a subcontract of \$1,000,000 or greater at the original execution of the contract, will maintain an offer of qualified health insurance coverage for their respective employees and the employees dependents as required by Utah Code Annotated (UCA) 63A-5-205 and Utah Administrative Code Rule R23-23, throughout the contract period for the Project specified above. In case of conflict between UCA 63A-5-205 and Rule R23-23, UCA 63A-5-205 shall control.

Attached is a written statement of actuarial equivalency, which is not more than one year old, from either an actuary selected by the contractor or the contractor's insurer, or an underwriter who is responsible for developing the employer group's premium rates. I will be responsible for collecting the statements as required by law from any of my subcontractors at any tier that must do so.

Penalties for noncompliance are provided in UCA 63A-5-205 and Utah Administrative Code Rule R23-23.

That the contractor's compliance is subject to an audit by the Division or the Office of the Legislative Auditor General.

Actuary equivalency must be in accordance with the commercially equivalent benchmark provided by the Department of Health, the CHIP commercial benchmark for FY 2016, and posted on the following URL: <http://www.health.utah.gov/chip/PDF/2016Benchmark.pdf>, in accordance with UCA 26-40-115(2), which is also posted for convenience on DFCM's website. The health insurance must be available upon the first day of the calendar month following sixty (60) days from the date of hire.

The Supplemental General Conditions for Health Insurance, posted on the DFCM website at http://dfcm.utah.gov/downloads/1const/Health_Insurance_042116.pdf are hereby incorporated by reference herein.

PRIME CONTRACTOR/PRIME DESIGN FIRM: _____

Authorized Signature: _____ Title: _____

_____ Date: _____

Please type/print name clearly

ATTACHMENT: Written Statement of Actuarial Equivalency

NOTE:

- Applies to** a prime contractor (and design professional) if the prime contract is in the amount of \$2,000,000 or greater; and
(ii) Applies to a subcontractor (and subconsultant of design professional) if the subcontract is in the amount of \$1,000,000 or greater.

Does not apply:

- (i) if the application of this jeopardizes the receipt of federal funds;
- (ii) if the contract is a sole source contract;
- (iii) if the contract is an emergency procurement; or
- (iv) a change order as defined in Section 63G-6a-103, or a modification to a contract, when the contract does not meet the threshold required by Subsection (3) of UCA 63A-5-205 (a).

INFRACTION NOTICE: UCA 63A-5-205(5): A person who intentionally uses change order or contract modifications to circumvent the requirements of Subsection (3) of UCA 63A-5-205 is guilty of an infraction.