

## Attachment O. Payment of Employee Healthcare Expenses Certification

Under State Finance & Procurement Article Title 17, Subtitle 8

In connection with Solicitation Number \_\_\_\_\_ I, \_\_\_\_\_ [Name] hereby certify that \_\_\_\_\_ [Firm Name] is  the bidder/ a subcontractor on this project (*indicate whether the firm is the bidder or a subcontractor*). I further certify that, with respect to employees who will work on or at the site of the project:

**[CHOOSE ONLY ONE OPTION BELOW. Note that for purposes of this Certification, “Credible Health Insurance Plan” means any group policy, contract, or program that is written or administered by a disability insurer, health care service plan, fraternal benefits society, self-insured employer plan, or any other entity, in the state of Maryland or elsewhere, that arranges or provides medical, hospital, and surgical coverage not designated to supplement other private or governmental plans.]**

1.  The firm pays aggregate employee healthcare expenses of at least 5% of the aggregate social security wages paid.

OR

2.  The firm pays 50% or more of the required premium necessary to obtain employee coverage by a credible health care insurance plan (as defined above).

OR

3.  The firm has 30 or fewer employees and is therefore exempt.

Further, I acknowledge that under §17-804 of the State Finance and Procurement Article, Maryland Annotated Code, a person or entity providing false information regarding this requirement may be subject to a civil penalty of not less than \$2,500 and not exceeding \$25,000 for each violation.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Company Street Address

\_\_\_\_\_  
City, State, ZIP Code