**RESPONDENT NAME:**

1. Certification of Lead Actuary Qualifications
2. I hereby certify my company’s proposed Lead Actuary(ies) is designated as a Fellow in one (1) or more of the following professional associations. Documentation to support applicable fellowship(s) is included with the response.

Check all that apply:

[ ]  Society of Actuaries;

[ ]  Casualty Actuarial Society;

[ ]  Society of Pension Professionals and Actuaries;

[ ]  Conference of Consulting Actuaries; or

[ ]  The Institute and Faculty of Actuaries.

1. I hereby certify that my company’s proposed Lead Actuary(ies) has active current membership in one (1) or more of the associations listed below and in the American Academy of Actuaries, with documented compliance with any applicable continuing professional development requirements.

Check all that apply:

[ ]  Society of Actuaries;

[ ]  Casualty Actuarial Society;

[ ]  Society of Pension Professionals and Actuaries;

[ ]  Conference of Consulting Actuaries; or

[ ]  The Institute and Faculty of Actuaries.

1. I hereby certify my company’s proposed Lead Actuary(ies) have a minimum of five (5) years of experience within the last seven (7) years developing and certifying rates for full-risk Medicaid managed care programs that cover multiple eligibility groups under risk contracts.

**AND**

1. Certification of Capability to Meet Staffing Requirements

I hereby certify my company has the capability to meet the staffing requirements as outlined herein in **Attachment B**, Scope of Services, **Section II.**, Manner of Services(s) Provision, **Sub-Section E.**, Staffing, including all required credentials.

**AND**

1. Certification of Mitigation of Conflict of Interest

I hereby certify my company shall mitigate conflict of interest between individual lines of business and has a plan to mitigate conflict of interest. My company shall avoid, neutralize and mitigate any conflict that could arise between the Agency and other clients of the successful vendor, including all health care organizations for which it provides actuarial services.

**AND**

1. Certification of Organizational Structure and Operational Capacity

I hereby certify my company has the organizational structure and it operational capacity is sufficient, both currently and during the entire term of the resulting Contract to provide the services described herein within the timeframes established by the Agency.

**Signature below indicates the respondent’s full acknowledgement of; understanding of; and agreement with all of the certifications and statements identified above in Items 1 through 4 as written and without caveat.**

**Respondent Name**

**Authorized Official Signature**  **Date**

**Authorized Official Printed Name**

**Authorized Official Title**

**Failure to submit, Exhibit A-3-a, Qualification Statements, signed by an authorized official may result in the rejection of response.**