City of Houston
Pay or Play Program
Contractor/Subcontractor Reporting Form (Play Option)

Only completed forms will be accepted

The purpose of this form POP-7 is to report compliance by contractors/subcontractors who **opted to provide health benefits** to covered employees in accordance with the City of Houston Pay or Play Program as outlined in EO 1-7. The prime contractor will submit this form, along with proof of payment (photocopies of paid invoices, for example) to the City department that manages the contract within 30 calendar days of the contract award date, and again every quarter thereafter. The prime contractor may submit a separate form for each subcontractor. The City of Houston may request additional documentation to support the information reported on this form.

Initial Report: Yes ☐ No ☐ Report for Quarter Ending _____ Prime ☐ Sub-Contractor ☐

Company Name: _____ $_____
(Amount of Contract)

Company Address: _____ Phone_____

Project No: (GFS/CIP/AIP/File No.) _____ Project Name:_____

Health Benefit Provider/Organization _____

Group No. Or Payer ID#_____ Phone_____

Employee Name	New? (X)	Insurance ID # (Please do not use SS#; use Policy # or any other alternate means of identification)	Insurance Premium (Monthly)		Benefit Year Coverage	
			Employer Contribution $	Employee Contribution $	Start Date	End Date

Form POP-7

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Employee Name	New? (X)	Insurance ID # (Please do not use SS#; use Policy # or any other alternate means of identification)	Insurance Premium (Monthly)		Benefit Year Coverage	
			Employer Contribution $	Employee Contribution $	Start Date	End Date

Contractor Signature:
Update submitted by contractor's authorized representative:

_____ _____ _____
Signature **Print Name** **Date Submitted**