



**City of Houston  
Pay or Play (POP) Program Compliance for  
Self Insured Contractor**

**POP-9**

Contractor Name: \_\_\_\_\_ ( ) Prime Contractor ( ) Sub-Contractor

Contract # & Description: \_\_\_\_\_ Contracting Dept \_\_\_\_\_  
We, hereby submit our request for acceptance of our self insured status to comply with City's POP program.  
Our self insured plan is funded by \_\_\_\_\_  
and adjudication of health claims and network administration is provided by \_\_\_\_\_.

We hereby certify, represent and affirm that our health benefits meet the Pay or Play Program's minimum requirements as set in E.O. 1-7. The following documents are being provided to support our self insured status:

*(Check the appropriate box. Note: Items 1 thru 4 (first four) below are required)*

- Representation Letter.** (Explaining the contractor's health benefits program and certifying that information provided and enclosed is true and correct to the best of their knowledge and meets the minimum POP Ordinance requirements.)
- Certified copy of COBRA plan rates.**
- Confirmation letter from the insurance plan administrator** (*confirmation should include their brief introduction and relationship with the Contractor, existence and continuity of self insured program, how long operating as administrator and certification of employees claims processing etc.*)
- Two copies of Pre-Printed Health Benefits Program –Employee Guide (Printed/CD)**
- Average cost of health benefits-Certified by Actuarial or Health Benefits Management Company (HBMC).**
- Per Tier Cost of Health Benefits, duly certified by Actuarial or HBMC.**
- Other(s)** \_\_\_\_\_

\_\_\_\_\_  
Contractor Representative & Title Signature & Date

**NOTARY PUBLIC**

The State of \_\_\_\_\_ County of \_\_\_\_\_  
Before me, a Notary Public, on this day personally appeared \_\_\_\_\_, known to me (or proved to me on the oath of \_\_\_\_\_), to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that (S)he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_ My commission expires the \_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_

**City of Houston Mayor's Office of Business Opportunity (OBO) Use Only**

Action: [ ] Approved [ ] Disapproved

Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Important: Please note that if the above information is found to be incorrect or submitted fraudulently, the self insured status, if granted will be cancelled retroactively and will be null and void. In addition, the contractor will have to pay the amounts due towards POP as determined by Mayor's Office of Business Opportunity (OBO) Department of City of Houston.**