

## City of Houston Pay or Play Program Certification of Compliance



	-		WUSINESS OF
Prime Contractor:Subcontractor	actor:		
Address:			
utline Number:Contract Amount: \$			
Project Name: [Legal Project Name]			
Contracting Department:			
In accordance with the City of Houston Pay or Play Program aut 1-7, Prime/Subcontractor agrees to abide by the terms of this Pr for contracts subject to the program. You must agree either to selecting BOTH, the Contractor/Subcontractor may Pay on bel of the remaining covered employees.	ogram. This cei PAY, PLAY or	tification is red BOTH for all	quired of all contractors covered employees. If
The Prime/Subcontractor will comply with all provisions of the all information and reports requested to determine compliance 7 for the terms of the Pay or Play program).			
The Prime/Subcontractor may agree to "Pay" \$1.00 per hour for contract with the City. If contract labor is utilized the Contractor contract laborer and pay \$1.00 per hour for work performed. notarized 1099 letter (on your company's letterhead) listing the date for this project.)	Subcontractor a (Independent of	agrees to repo contractors are	rt hours worked by the required to submit a
<ul> <li>The Prime/Subcontractor may agree to "Play" by providing head benefits must meet the following criteria:</li> <li>The employer contributes no less than 75% of the total pred toward the total premium cost.</li> <li>The covered employee contributes, if any amount, no greater</li> </ul>	mium costs per	covered emplo	oyee per month
Please select whether you choose to:	Pay P	lay Boti	h
The Prime/Subcontractor will file compliance reports with the C subject to the program, in the form and to the extent requested by shall contain information including, but not limited to, docume mployee work records.  Note: The contractor is responsible to the City for contractors.	y the administe nentation show	ring departme ing employee	nt. Compliance reports health coverage and
Please indicate the estimated number of	i: P	RIME	SUB
Total Employees on City Job			
Covered Employees			
Non-Covered Employees			
Exempt Employees			
I hereby certify that the above information is true and correct.			
Please Sign	Date		

Please Print Name & Title