



# City of Houston Pay or Play Program Quarterly Play Option Report



**\*Only completed forms will be accepted\***

The purpose of this form POP-7 is to report compliance by primes/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 (*for example: an invoice from health provider dated within the last 30 days*) to the City's contracting department. 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.

Quarter \_\_\_\_ FY \_\_\_\_ Report For: Prime  Sub-Contractor

Company Name: \_\_\_\_\_ \$ \_\_\_\_\_  
(Amount of Contract)

Company Address: \_\_\_\_\_ Phone \_\_\_\_\_

Outline Agreement \_\_\_\_\_ 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

**\*Approved Self-Insured Contractors (Form POP-9) may exclude Insurance ID# and may submit copies of last three insurance billing statements.**



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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

\*Approved Self-Insured Contractors (Form POP-9) may exclude Insurance ID# and may submit copies of last three insurance billing statements.