

APPENDIX A

PROPOSAL COVER SHEET
Commonwealth of Pennsylvania
Public School Employees' Retirement Board
RFP# 2025-3 Retiree Vision Benefits for the Health Options Program (HOP)

The proposal of the Offeror identified below for the above-referenced RFP is submitted comprised of separate files for Technical and Cost Submittals

Offeror Information:	
Offeror Name	
Offeror Mailing Address	
Offeror Website	
Offeror Contact Person	
Contact Person's Phone Number	
Contact Person's E-Mail Address	
Offeror Federal ID Number	
Offeror SAP/SRM Vendor Number	

Electronic Submittals Enclosed:	
<input type="checkbox"/> Technical Proposal Submittal	
<input type="checkbox"/>	Domestic Workforce Utilization Certification
<input type="checkbox"/>	Iran-Free Procurement Certification
<input type="checkbox"/>	Trade Secret Confidential Proprietary Information Notice
<input type="checkbox"/>	Worker Protection and Investment Certification Form
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/> Cost Submittal	

Signature: _____	
Signature of an official authorized to bind the Offeror to the provisions contained in the Offeror's proposal:	
Printed Name:	
Title:	

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM WITH THE OFFEROR'S PROPOSAL MAY RESULT IN THE REJECTION OF THE OFFEROR'S PROPOSAL