**FORM 8070001235-H**

**IDENTIFICATION OF MAJOR SUBCONTRACTORS**

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| --- | --- |
| **Bidder Name:** |  |

**Instructions**

Complete a copy of Form 8070001235-H for each organization meeting the definition and dollar threshold for a major subcontractor, as presented in Section 2.3.3: “Subcontractors”. Solely for the purpose of completing this form, the Bidder should assume that 2021 enrollment in Bidder’s plan will equal 33 percent of total SoonerSelect Dental Program enrollment. Use the most recent year of historical enrollment, as presented in the actuarial data book, to calculate the 33 percent enrollment value. Assume that enrollment will be divided geographically and demographically in proportion to the program in total, as presented in the actuarial data book. Enrollment can be expressed either as members or member months.

The form must be signed by an individual at the Major Subcontractor with authority to bind the organization to the terms of the SoonerSelect Dental Program Contract.

**FORM 8070001235-H**

**IDENTIFICATION OF MAJOR SUBCONTRACTORS**

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| --- | --- |
| **Bidder Name:** |  |
| **Estimated Enrollment (Specify if members or member months)** |  |

|  |  |
| --- | --- |
| **Subcontractor Name:** |  |
| **FEIN:** |  |
| **Type (Administrative, Dental or Both):** |  |
| **Dollar Value:** |  |
| **Corporate Address:** |  |
| **Oklahoma Address (if different):** |  |
| **Description of Services to be Provided:** |  |

**Attestation:**

I affirm that the description of services provided on page one is accurate. I also understand that my organization must comply in full with SoonerSelect Dental Program Contract terms.

|  |  |
| --- | --- |
| **Name (Signed):** |  |
| **Name (Print):** |  |
| **Title:** |  |
| **Date:** |  |