

EXHIBIT F

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|  STATE OF NORTH CAROLINA North Carolina Department of State Treasurer | |
| Refer <u>ALL</u> inquiries regarding this RFP to: Vanessa Davison, Contracting Agent <u>vanessa.davison@nctreasurer.com</u> with a copy to <u>SHPCcontracting@nctreasurer.com</u> | Request for Proposal # 270-20220830TPAS |
| | Proposals will be publicly opened: November 7, 2022, 10:00 a.m. ET |
| | Contract Type: Open Market |
| | Commodity No. and Description: 851017 – Health Administrative Services |
| | Using Agency: The North Carolina State Health Plan for Teachers and State Employees |
| | Requisition No.: 270-2022083TPAS |

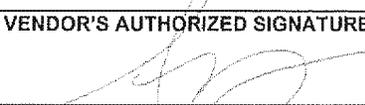
Sealed, mailed responses ONLY will be accepted for this solicitation.

EXECUTION

In compliance with this Request for Proposals (RFP), and subject to all the conditions herein, the undersigned Vendor offers and agrees to furnish and deliver any or all items upon which prices are bid, at the prices set opposite each item within the time specified herein. By executing this proposal, the undersigned Vendor certifies that this proposal is submitted competitively and without collusion, that none of its officers, directors, or owners of an unincorporated business entity has been convicted of any violations of Chapter 78A of the North Carolina General Statutes, the Securities Act of 1933, or the Securities Exchange Act of 1934. Furthermore, by executing this proposal, the undersigned certifies to the best of Vendor's knowledge and belief, that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal or State department or agency. The undersigned Vendor certifies that it, and each of its Subcontractors for any Contract awarded as a result of this RFP, complies with the requirements of Article 2 of Chapter 64 of the North Carolina General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system. N.C.G.S. § 133-32 and Executive Order 24 (2009) prohibit the offer to, or acceptance by, any State Employee associated with the preparing plans, specifications, estimates for public Contract; or awarding or administering public Contracts; or inspecting or supervising delivery of the public Contract of any gift from anyone with a Contract with the State, or from any person seeking to do business with the State. By execution of this response to the RFP, the undersigned certifies, for your entire organization and its employees or agents, that you are not aware that any such gift has been offered, accepted, or promised by any employees of your organization.

Failure to execute/sign proposal prior to submittal shall render proposal invalid and it WILL BE REJECTED. Late proposals cannot be accepted.

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| VENDOR: | | |
| Aetna Life Insurance Company | | |
| STREET ADDRESS: | P.O. BOX: | ZIP: |
| 151 Farmington Avenue | N/A | 06156 |
| CITY & STATE & ZIP: | TELEPHONE NUMBER: | TOLL FREE TEL. NO: |
| Hartford, CT 06156 | 1-800-872-3862 | 1-800-872-3862 |

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| PRINCIPAL PLACE OF BUSINESS ADDRESS IF DIFFERENT FROM ABOVE (SEE INSTRUCTIONS TO VENDORS ITEM #10): | | |
| Same as above | | |
| PRINT NAME & TITLE OF PERSON SIGNING ON BEHALF OF VENDOR: | | FAX NUMBER: |
| Tami Polsonetti, Assistant Vice President | | 860-273-3382 |
| VENDOR'S AUTHORIZED SIGNATURE: | DATE: | EMAIL: |
|  | 10/21/22 | PolsonettiT@aetna.com |

Offer valid for at least 180 days from date of proposal opening, unless otherwise stated here: _____ days.

ACCEPTANCE OF PROPOSAL

If any or all parts of this proposal are accepted by the State of North Carolina, an authorized representative of the NC Department of State Treasurer, State Health Plan Division shall affix his/her signature hereto and this document and all provisions of this Request For Proposal along with Vendor proposal response and the written results of any negotiations shall then constitute the written agreement between the parties. A copy of this acceptance will be forwarded to the successful Vendor(s).

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| <u>FOR STATE USE ONLY:</u> |
| Offer accepted and Contract awarded this _____ day of _____, 20____, as indicated on the attached certification, by _____ |
| (Authorized Representatives of the NC Department of State Treasurer and State Health Plan Division). |