

NYC Dept of Health and Mental Hygiene (DOHMH)

CITY OF NEW YORK

VENDOR HEALTH INSURANCE COVERAGE FORM

To be completed and submitted upon request of DOHMH if the price for which this Contract was awarded exceeds \$100,000

or

if the price for which this Contract was awarded when combined with other construction or services contracts awarded the Contractor by the City in the year prior to award of this Contract exceeds \$100,000.

**Please answer the following questions. Please take notice that the answers to these questions, or a failure or refusal to answer, may be made publicly available.**

1. \_\_\_\_\_ [name of Contractor]

FMS Id #: \_\_\_\_\_ offers health insurance to its employees.

Yes  No  N/A (Contractor has fewer than 2 employees)  Refuse to answer

Employee health insurance provided by 3<sup>rd</sup> party, e.g., union (specify) \_\_\_\_\_

Employer covers some employees (describe) \_\_\_\_\_

2. If the answer to Question 1 is “Yes,” \_\_\_\_\_ [name of Contractor] makes such coverage available to employee spouses and domestic partners on an equal basis.

[NOTE: if Contractor covers employees only, but covers neither spouses nor domestic partners, answer “Yes”]

Yes  No  Refuse to answer

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

NYC Dept of Health and Mental Hygiene (DOHMH)

CITY OF NEW YORK

VENDOR HEALTH INSURANCE COVERAGE FORM (GOODS)

To be completed and submitted upon request of DOHMH if

(1) the price for which this Contract was awarded, taken together with all prior goods Contracts awarded to the Contractor by the City in the fiscal year, exceeds \$100,000

and

(2) the Contractor was also awarded more than \$100,000 in goods Contracts by the City in each of the preceding three fiscal years, provided however, that no small or micro-purchase Contracts awarded pursuant to Section 314 of the Charter shall be counted toward either of said totals.]

**Please answer the following questions. Please take notice that the answers to these questions, or a failure or refusal to answer, may be made publicly available.**

1. \_\_\_\_\_ [name of Contractor]

FMS Id #: \_\_\_\_\_ offers health insurance to its employees.

Yes  No  N/A (Contractor has fewer than 2 employees)  Refuse to answer

Employee health insurance provided by 3<sup>rd</sup> party, e.g., union (specify) \_\_\_\_\_

Employer covers some employees (describe) \_\_\_\_\_

2. If the answer to Question 1 is “Yes,” \_\_\_\_\_ [name of Contractor] makes such coverage available to employee spouses and domestic partners on an equal basis.

[NOTE: if Contractor covers employees only, but covers neither spouses nor domestic partners, answer “Yes”]

Yes  No  Refuse to answer

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title