

Equal Benefits Substantial Compliance Authorization Form



Department of Executive Services
Finance and Business Operations Division
Procurement and Contract Services Section
206-263-9400 TTY Relay: 711 Fax: 206-296-7676

Return this authorization form to the address noted above.

Name of Contractor: _____
Contact Person: _____ Phone Number: _____
Fax: _____ E-mail: _____
Approximate Number of Employees in the U.S. _____ Solicitation / Contract #: _____

The Substantial Compliance Authorization form must be submitted along with supporting documents by those entities seeking to enter into a contract with King County and need additional time for implementation of equal benefits. A contractor must have this form approved by King County's Procurement and Contract Services Section (PCSS) prior to the award of the proposed contract with King County.

Please carefully review the following categories of authorized delay and related instructions. Authorization in a delay in implementation of equal benefits will only be considered by meeting one or more of the following criteria described below.

To continue the application process, choose ALL the categories below that apply:

Collective Bargaining Delay

Ending discrimination in benefits may be delayed until the expiration of a Contractor's current collective bargaining agreement(s) where all of the following conditions have been met:

1. The provision of benefits is governed by one or more collective bargaining agreement(s);
2. The Contractor takes all reasonable measures to end discrimination in benefits either by requesting that the Unions involved agree to reopen the agreements in order for the Contractor to take whatever steps necessary to end discrimination in benefits OR by ending discrimination in benefits without reopening the collective bargaining agreements; and
3. In the event that the Contractor cannot end discrimination in benefits despite taking all reasonable measures to do so, it must provide written proof of the efforts taken to seek the Union's permission to offer the benefits sooner. The written proof must demonstrate that the efforts were taken by the Contractor no more than one year prior to the date of bid submittal.

For a delay to be granted under this provision, **written proof** must be submitted with this form that the above conditions have been met. A sample letter is available to Contractors to provide to the Unions involved by contacting King County Procurement and Contract Services Section at 206-263-9400.

Name of the labor organization(s) and expiration date(s) for each collective bargaining agreement:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Please list the benefits for which the delay is requested:

Please describe efforts made to implement equal benefits for Collective Bargaining Delay:

Open Enrollment Delay

Implementation of equal benefits may be delayed until the first effective date after the first open enrollment process following the date the contract with the County begins. This open enrollment delay may not exceed twelve **(12) months** from the date the contract with the County is entered into and applies only to benefits for which an open enrollment process is applicable.

Next benefit plan year begins: _____ Date Equal Benefits will be available to employees: _____

Description of benefits that will be delayed and reason for delay:

Description of efforts being undertaken to implement equal benefits for Open Enrollment Delay:

Administrative Delay

Implementation of equal benefits may be delayed to allow administrative steps to be taken to incorporate nondiscriminatory benefits in the Contractor's infrastructure. This administrative delay may not exceed three **(3) months**. An extension of this time may be granted at the discretion of the County, upon the written request of the Contractor. Administrative steps may include, but are not limited to, such actions as computer systems modifications, personnel policy revisions, and the development and distribution of employee communications.

Description of benefit(s) that will be delayed:

Description of **specific** administrative steps to implement equal benefits, and **dates to be achieved**:

Cash Equivalent

In limited circumstances, the County may authorize a Contractor to provide eligible employees with a Cash Equivalent payment in lieu of benefits that are unavailable due to circumstances outside of the Contractor's control. The authorization does not relieve the Contractor of its obligation to provide all other benefits it offers on an equal basis.

The County will evaluate each request to provide a Cash Equivalent on a case-by-case basis and decisions will be based on a consideration of such factors as:

The numbers of benefits providers identified and contacted by the Contractor and verified responses from these providers that they will not provide equal benefits coverage; and the existence of benefits providers willing to offer equal benefits coverage to the contractor.

Please provide the name(s) of the Contractor's current benefit provider(s):

Name of Provider: _____ Phone: _____

Contact Person: _____ Benefit: _____

Name of Provider: _____ Phone: _____

Contact Person: _____ Benefit: _____

Name of Provider: _____ Phone: _____

Contact Person: _____ Benefit: _____

Providers contacted for the purpose of acquiring Equal Benefits coverage:

Name of Provider: _____ Date: _____

Contact Person: _____ Phone: _____

Name of Provider: _____ Date: _____

Contact Person: _____ Phone: _____

Name of Provider: _____ Date: _____

Contact Person: _____ Phone: _____

Any additional information relevant to the contractor's effort to acquire Equal Benefits coverage:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is correct and true, and that I am authorized to bind this entity contractually.

Executed this _____ day of _____, 20 ____, at _____, _____
(City) (State)

Signature *Name (Please print.)*

Title *Federal Tax Identification Number*

Address

FOR KING COUNTY USE ONLY

Collective Bargaining Delay **Approve** **Disapprove**

Open Enrollment Delay **Approve** **Disapprove**

Administrative Delay **Approve** **Disapprove**

Cash Equivalent **Approve** **Disapprove**

EB Coordinator Initials _____ **Date** _____