

3. The following health and welfare benefits have been offered by the Contractor and accepted: (e.g. Harvard Pilgrim, Delta Dental, Boston Mutual Life Insurance etc.)

4. That I am duly authorized by the Contractor to sign this Certification.

Signed under the Pains and Penalties of Perjury this _____ day of _____, 200 ____ .

Signature

Print Name

(Use additional sheets as necessary)