



## CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**  
**CERTIFICATION OF FILING**

**Certificate Number:**  
2020-636879

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

**Date Filed:**  
06/25/2020

**of business.**  
Web Benefits Design Corporation  
Orlando, FL, United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

**Date Acknowledged:**  
07/09/2020

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

08012020

Benefit Website, Online Enrollment (Benefits Administration), COBRA Administration

**5 Check only if there is NO Interested Party.**

X

## 6 UNSWORN DECLARATION

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

Signature of authorized agent of contracting business entity  
(Declarant)