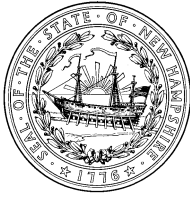


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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAID SERVICES

Lori A. Weaver
 Commissioner

Henry D. Lipman
 Director

129 PLEASANT STREET, CONCORD, NH 03301
 603-271-9422 1-800-852-3345 Ext. 9422
 Fax: 603-271-8431 TDD Access: 1-800-735-2964
 www.dhhs.nh.gov

June 11, 2026

Her Excellency, Governor Kelly A. Ayotte
 and the Honorable Council
 State House
 Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Medicaid Services, to enter into a **Retroactive** amendment to an existing contract with First Data Government Solutions, LP (VC #262336), Brookfield, WI, for the continued operation of an Electronic Visit Verification System for Medicaid personal care services (PCS) and home health care services (HHCS), by exercising a contract renewal option by increasing the price limitation by \$698,000 from \$1,700,000 to \$2,398,000 and by extending the completion date from June 30, 2026 to June 30, 2027, effective retroactive to July 1, 2026, upon Governor and Council approval. This proposed contract renewal option maintains level operating costs for the system and includes system development that will improve the experience and efficiency of provider use of the system. 80% Federal Funds. 20% General Funds.

The original contract was approved by Governor and Council on September 21, 2022, item #26.

Funds are available in the following accounts State Fiscal Year 2027, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

05-95-48-480030-9318-034-500099 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS. HHS: ELDERLY AND ADULT SERVICES, STATE OFFICE ADMIN, ELECTRONIC VISIT VERIFICATION SYSTEM

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2023	034-500099	Major IT Systems	48130704	\$503,000	\$0	\$503,000
2024	034-500099	Major IT Systems	48130704	\$0	\$0	\$0
2025	034-500099	Major IT Systems	48130704	\$0	\$0	\$0
2026	034-500099	Major IT Systems	48130704	\$0	\$0	\$0
2027	034-500099	Major IT Systems	48130704	\$0	\$299,000	\$299,000

Her Excellency, Governor Kelly A. Ayotte
 and the Honorable Council
 Page 2 of 3

			<i>Subtotal</i>	\$503,000	\$299,000	\$802,000
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05-95-47-470010-8009-102-500731 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT, DIVISION OF MEDICAID SERVICES, HHS: OFC MEDICAID SERVICES, , MEDICAID MANAGEMENT INFORMATION SYSTEM

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2024	102-500731	Contracts for Prog SVC	47007048	\$399,000	\$0	\$399,000
2025	102-500731	Contracts for Prog SVC	47007048	\$399,000	\$0	\$399,000
2026	102-500731	Contracts for Prog SVC	47007048	\$399,000	\$0	\$399,000
2027	102-500731	Contracts for Prog SVC	47007048	\$0	\$399,000	\$399,000
			<i>Subtotal</i>	\$1,197,000	\$399,000	\$1,596,000
			Total	\$1,700,000	\$698,000	\$2,398,000

EXPLANATION

This request is **Retroactive** because additional time was needed to negotiate and finalize the scope of the work prior to the Contractor and Department reaching mutually acceptable terms, which resulted in a flat rate through June 2027. The purpose of this request is to exercise a contract renewal option to ensure the ongoing operation and maintenance of the Electronic Visit Verification (EVV) System for all Medicaid personal care services and home health care services that require an in-home visit by a provider. EVV is mandated for these services pursuant to Section 1903 of the Social Security Act (42 U.S.C. 1396b), as established under the 21st Century Cures Act. To remain in compliance with the 21st Century Cures Act, the Department must continue to utilize EVV for in-home personal care services and in-home home health services. States that fail to maintain compliance with these requirements are subject to financial penalties equal to 1% of eligible expenditures. The Department, in partnership with the Department of Information Technology, achieved system certification from the Centers for Medicare and Medicaid Services in April of 2026 which enables a higher federal match of 75% on the operating costs of this system. Therefore, the overall state share of system costs is lower compared to the initial contract period.

The EVV system applies exclusively to services delivered through a home visit in the individual's residence. For services delivered in the home, federal regulations require verification that care is provided according to the authorized care plan and publicly funded resources are managed appropriately. The EVV system ensures this accountability by capturing the six (6) data elements required under the 21st Century Cures Act for home-based personal care and home health visits, including:

- The member receiving the service;
- Type of service provided;
- Date of service;
- Location of service delivery;

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
Page 3 of 3

- The direct care worker providing the service; and
- Worker check-in and check-out times

The EVV system is utilized to track services delivered to over 2,000 unique patients a month by over 2,000 unique workers providing those services. To ensure uninterrupted compliance with the 21st Century Cures Act and to meet the ongoing needs of the Department, service recipients, their families, and providers; the Contractor will continue operating and maintaining a commercial off-the-shelf EVV solution. This system supports all members receiving in-home services, including those using member-directed personal care models, while preserving flexibility for individuals and families to schedule services and choose where they receive care. This amendment includes system development to ensure the application fully comports with all providers, the services they deliver, and the platforms they utilize that integrate with this solution. The EVV system is a secure platform designed to protect member privacy and provide robust reporting on key performance indicators.

The Department will continue to monitor Contracted services through the following ongoing performance measures:

- The EVV solution is available 24 hours a day, 7 days a week, except during scheduled maintenance periods.
- A real-time performance monitoring dashboard is accessible 99% of the time, 24/7, excluding Department-approved planned downtime.
- Data integrity error rates and routing errors are below 0.001%.
- All standardized reports are available online, or delivered to authorized users, by the set deadline 100% of the time.
- The EVV system maintains the capability to exchange and interface data with systems of record and process updates in near real time (within three seconds), 99% of the time.
- The Contractor's help desk answers all calls within two (2) minutes or less of entering the queue, based on the monthly average.

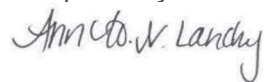
As referenced in Exhibit A of the original agreement, the parties have the option to extend the agreement for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for one (1) of the four (4) years available.

Should the Governor and Council not authorize this request, the Department will be unable to maintain compliance with the 21st Century Cures Act requirements for in-home visit verification. Additionally, non-compliance would result in federal penalties from the Centers for Medicare and Medicaid Services (CMS) that could exceed the cost of continuing the operation and maintenance of the EVV system. Finally, the Department would no longer have access to a key tool in monitoring fraud and providing program oversight of services delivered in the home.

Area served: Statewide.

Source of Federal Funds: Assistance Listing Number 93.778, FAIN 2605NH5ADM.

Respectfully submitted,

 For

Lori A. Weaver
Commissioner



STATE OF NEW HAMPSHIRE
DEPARTMENT OF INFORMATION TECHNOLOGY

27 Hazen Drive | Concord, NH | 03301
Fax: (603) 271-1516 | TDD: (800) 753-2964
doit.nh.gov



Denis Goulet, *Commissioner*

June 1, 2026

Lori A. Weaver, Commissioner
Department of Health and Human Services
State of New Hampshire
129 Pleasant Street
Concord, NH 03301

Dear Commissioner Weaver:

This letter represents formal notification that the Department of Information Technology (DoIT) has approved your agency's request to enter into a contract amendment with First Data Government Solutions, LP, as described below and referenced as DoIT No. 2022-031A.

The purpose of this request is to continue operation of an Electronic Visit Verification System for Medicaid personal care services and home health care services.

The Total Price Limitation shall increase by \$698,000 for a new Total Price Limitation of \$2,398,000, effective upon Governor and Council approval from July 1, 2026 through June 30, 2027.

A copy of this letter must accompany the Department of Health and Human Services' submission to the Governor and Executive Council for approval.

Sincerely,

A handwritten signature in black ink that reads "Denis Goulet". The signature is written in a cursive style with a long horizontal stroke at the end.

Denis Goulet

DG/jd
DoIT #2022-031A

cc: Ken Gagne, IT Manager, DoIT

**State of New Hampshire
Department of Health and Human Services
Amendment #1**

This Amendment to the Electronic Visit Verification System contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and First Data Government Solutions, LP ("the Contractor" or "FDGS" or "Vendor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on September 21, 2022 (Item #26), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37 General Provisions, Block 1.3., Contractor Name, to read:
First Data Government Solutions, LP
2. Form P-37 General Provisions, Block 1.7., Completion Date, to read:
June 30, 2027
3. Form P-37, General Provisions, Block 1.8., Price Limitation, to read:
\$2,398,000
4. Form P-37, General Provisions, Block 1.9., Contracting Officer for State Agency, to read: Robert W. Moore, Director
5. Modify Exhibit A, Special Provisions, by adding Subsection A.8, to read:
A.8 Paragraph 6, Compliance by Contractor with Laws and Regulations/Equal Employment Opportunity, Subparagraph 6.1., is amended as follows:
6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, RSA 151:21 Patients' Bill of Rights, civil rights and equal employment opportunity laws, and the Governor's order on Respect and Civility in the Workplace, Executive Order 2020-01. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.
6. Modify Exhibit B, Statement of Work; Sections 1.1. Concept of Operations, to read:
1.1. Concept of Operations
1.1.1. The Contractor shall provide the proprietary AuthentiCare® solution (AuthentiCare EVV System) as a single, integrated platform with both electronic visit verification (EVV) data collection and data aggregator components, to be used by the Department and the Department's providers for the required services in this Statement of Work and in accordance with the 21st Century CURES Act.
1.1.2. The Contractor shall adhere to the specific required procedure and billing code modifiers within the below Service Areas:
1.1.3.1. Choices for Independence, 1915(c) Home and Community Based Service

Waiver; (HC – CFI) Waiver;

1.1.3.2. SE – Acquired Brain Disorder (ABD);

1.1.3.3. Developmental Disabilities (DD) or

1.1.3.4. In Home Support Waiver for Children with Developmental Disabilities (IHS) Waiver;

1.1.3.5. State Plan Services

7. Modify Exhibit B, Statement of Work, Section 1.1., by deleting Table B-1 (MMIS Services and Codes) in its entirety.

8. Modify Exhibit B, Statement of Work, Section 2.1., Table B-2, to read:

Table B-2		
State Staff:		
Organization	Title	Role
Division of Long-Term Support Services (DLTSS)	Director	Executive Management
Bureau of Developmental Services (BDS)	Bureau Chief	Management
BDS	Program Specialist	Pre-authorization SME
Bureau of Adult and aging Services (BAAS)	Bureau Chief	Management
BAAS	Administrator	Pre-authorization SME
Division of Medicaid Services (DMS)	Medicaid Director	Executive Management
DMS	Medical Services Administrator	Medical Management SME
DMS	Administrator	Managed Care SME
Program Quality and Integrity	Program Integrity Administrator	Program Integrity SME
Office of Information Services (OIS)	Director of Information Services	Executive Management
OIS	Deputy Information Security Officer Information Technology Manager V	Department Information Security
OIS	Information Technology Manager IV	Enterprise Business Intelligence Manager
Medicaid Enterprise System (MES) Core Team	Information Technology Manager	Co-Project Manager
MES Core Team	Information Technology Manager	Medicaid Management Information System (MMIS)
Consulting Services	Information Technology Manager	Co-Project Manager
Division of Information Technology (DoIT)	Information Technology Manager	Medicaid Management Information System (MMIS)
DoIT	Information Technology Manager	IT Leader for DHHS
EVV Advisory Council Members:		
Organization	Title	Roles
Community Providers (Multiple)	Executive Director, Business Manager, IT	Community Personal Care and Home Health Care Provider SMEs

Initial
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Table B-2		
Community Services Network, Inc. (CSNI)	Director of Information Services	Developmental Services Area Agency SME
Granite State Independent Living (GSIL)	Chief Executive Officer	Statewide Independent Living Center SME
GSIL Consumer Advisory Council	Consumer	Self-Advocacy SME
Home Care, Hospice and Palliative Care Alliance of New Hampshire	Chief Executive Officer	Home Health SME
Managed Care Organizations	IT Directors / EVV Product Owners	Managed Care SME
NH State Family Support Council	Chairperson	Family Self-Advocacy SME

9. Modify Exhibit B, Statement of Work; Section 3.1.7. to read:

3.1.7. Includes training for providers, MCOs, and other stakeholders on how to use the AuthentiCare EVV System, as approved by the Department.

10. Modify Exhibit B, Statement of Work; Section 3.14., to read:

3.14. The Contractor shall assign a qualified full-time project manager to manage the project. Project management duties must include, but are not limited to:

3.14.1. Ensuring the Contractor works collaboratively with the Department to gather, analyze, and report findings to the Office for Civil Rights (OCR) for any HIPAA or HITECH incident involving the Contractor that affects a population of 500 members or more. Sufficient technical evaluation must be completed by the Contractor to verify the number of members potentially affected. The following will apply to any HIPAA or HITECH incident that occurs:

3.14.2. Ensuring all software and hardware is in compliance with all State, Federal, and/or governing agency requirements.

3.14.2.1. If hardware or software is found to be out of compliance with State, Federal, and/or governing agency requirements, a State-approved mitigation plan to regain compliance is due to the State within ten (10) business days of with mitigation and testing to be completed in the time frame defined in the State-approved mitigation plan.

11. Modify Exhibit B, Statement of Work; Section 3.19.1., to read:

3.19.1. This Contract is effective upon Governor and Executive Council approval through June 30, 2027.

12. Modify Exhibit B, Statement of Work; Sections 11.1 and 11.2. to read:

11.1. The State may make changes, revisions or request enhancements to the Scope of Work at any time by written Change Order. The State originated changes, revisions or enhancements shall be approved by the Department of Health and Human Services. Within five (5) business days of Contractor’s receipt of a Change Request, Contractor shall advise the State, in detail, of the analysis of alternatives and timeline for the potential change, revisions, or enhancements and within fifteen (15) business days of the Contractor’s receipt of a Change Request shall advise the State, in detail, of any impact on cost (e.g., increase or decrease), the Schedule, and the Work Plan.

11.2. Contractor may propose a change within the scope of the Contract by written Change Order, identifying any impact on cost, the Schedule, and the Work Plan. The State shall acknowledge receipt of Contractor’s requested Change Request within five (5) business days.

days. The State Agency, as well as the Department of Health and Human Services, must review and approve all Change Orders in writing. The State shall be deemed to have rejected the Change Order if the Parties are unable to reach an agreement in writing within 30 days of receipt of the Change Order.

- 13. Modify Exhibit B, Statement of Work; Section 13.1.2. The Contractor’s Project Manager (name and contact information only), to read:

13.1.2. The Contractor’s Project Manager

Contractor shall assign a Project Manager who is qualified to perform or supervise the Contractor’s obligations under this Agreement. Contractor’s Project Manager is:

Lisa Smith
407-893-2557
lisa.smith@Fiserv.com

- 14. Modify Exhibit B, Statement of Work; Section 14. Work Plan, to read:

14. Work Plan

The Contractor in collaboration with the State shall develop a preliminary Work Plan for the BDS Enhancement deliverables and activities.

The Contractor and State shall ensure the respective Contractor Project Manager and State Project Manager collaborate to finalize the Work Plan for the BDS Enhancement deliverables and activities and ensure ongoing collaboration, management, and updates to the Work Plan for any additional deliverables or activities. The requirements for the BDS enhancement deliverables shall be defined by the State, including service codes and all other activities related to the programmatic objectives for Bureau of Developmental Services providers and their related activities. The State will pay the Contractor for the Services described in this Section on a time-and-materials basis as defined in Exhibit C.

- 15. Modify Exhibit C, Payment Terms, Table 10.1.1., Implementation Activity/Deliverables/Milestones Pricing, by adding line item 52., to read:

Table 10.1.1			
IMPLEMENTATION ACTIVITY / DELIVERABLES / MILESTONES PRICING			
	ACTIVITY, DELIVERABLE, OR MILESTONE	DELIVERABLE TYPE	PRICE
52.	Development, Design, and Implementation Services SFY 2027: Contractor will implement service codes for the Bureau of Developmental Services (BDS) providers and will support any related activities needed to onboard the BDS providers.	Software	\$299,000

- 16. Modify Exhibit C, Payment Terms, Table 10.1.1., Implementation Activity/Deliverables/Milestones Pricing, by removing ‘Subtotal’ line item.

- 17. Modify Exhibit C, Payment Terms, Table 10.1.1., Implementation Activity/Deliverables/Milestones Pricing, line item ‘Total’, to read:

TOTAL	\$496,000
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18. Modify Exhibit C, Payment Terms, by adding Section 10.1.1a., Enhancement Hours, to read:

10.1.1a Enhancement Hours

The Contractor will provide system enhancement hours that are in addition to the base operational hours and support the use of the system by BDS providers. System enhancement hours are for modifications to the Electronic Visit Verification System requested by the State.

Table 10.1.1a Enhancement Hours		
Hourly Rate	Number of Hours	Total
\$180	1,038	\$187,000

19. Unused system enhancement hours for each year may be rolled forward to the next operations year or the number of system enhancement hours may be adjusted downward at the discretion of the State. Enhancement hours will be paid on a monthly basis through invoices for hours provided by the Contractor and approved by the State. Modify Exhibit C, Payment Terms; Table 10.1.4. Software Operations, Maintenance, and Support Pricing, to read:

Table 10.1.4					
SOFTWARE OPERATIONS, MAINTENANCE, AND SUPPORT PRICING					
SOFTWARE NAME	STATE FISCAL YEAR 2023	STATE FISCAL YEAR 2024	STATE FISCAL YEAR 2025	STATE FISCAL YEAR 2026	STATE FISCAL YEAR 2027
AuthentiCare EVV and Aggregator	\$306,000	\$399,000	\$399,000	\$399,000	\$399,000
Operations, Maintenance and Support					
Total	\$306,000	\$399,000	\$399,000	\$399,000	\$399,000

20. Modify Exhibit C, Payment Terms; Table 10.1.10. Pricing Summary, to read:

Table 10.1.10		
PRICING SUMMARY		
COST TABLE #	COST TYPE	TOTAL COST
1	Implementation Activities/Deliverables/Milestones Pricing (Total from Table E 1.1, Implementation Activity/Deliverables/Milestones Pricing Worksheet)	\$496,000
2	Hardware Pricing (Total from Table E 1.2, Hardware Pricing Worksheet)	\$0.00
3	Software License Pricing (Total from Table E.1.3, Software License Pricing Worksheet)	\$0.00

Initials
SM

4	Software Operations, Maintenance, and Support Pricing (Total from Table E 1.4, Software Operations, Maintenance, and Support Pricing Worksheet)	\$1,902,000
5	Hosting Pricing (Total from Table E 1.5, Hosting Detail Pricing Worksheet)	\$0.00
6	Other Pricing (Total from Table E 1.6, Other Cost Pricing Worksheet)	\$0.00
Grand Total		\$2,398,000

21. Modify Exhibit G, Attachment 1, EVV Business and Technical Requirements, item B2.8.; to read:

Req.	Requirement Description	Criticality	Vendor Response	Delivery Method	Comments
B2.8.	<p>Vendor must provide 400 system enhancement pool hours for ongoing changes on an annual basis. The cost of the system enhancement pool hours is included in the price for operations in Appendix E. The Vendor will only be paid for the hours the Department approves to be used from this pool. If upon completion of the SFY and if the pool hours remain, at the Department's discretion, all unused pool hours and cost will:</p> <ul style="list-style-type: none"> a. Be rolled over to the pool for the next year, or; b. The parties will otherwise agree at the end of the SFY to agree how to reconcile unused pool hours. 	M	Yes	Standard	<p>FDGS includes up to 400 system enhancement pool hours annually in Table E-1.4 Software Operations, Maintenance, and Support Pricing.</p> <p>If the Department uses available pool hours for the applicable term, any additional requested enhancement activities will be subject to a new SOW or change order to an existing SOW, billed at a per hourly rate of \$180.00 per hour, in arrears.</p>

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective July 1, 2026, upon Governor and Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

DocuSigned by:

Henry D. Lipman

CF5D44D4F70D4E4...

6/11/2026

Date

Name: Henry D. Lipman

Title: Medicaid Director

First Data Government Solutions, LP
By its general partner,
First Data Merchant Services LLC

Signed by:

Shane McCullough

A67BCA183AF0465...

6/9/2026

Date

Name: Shane McCullough

Title: Authorized Signer

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

DocuSigned by:
Robyn Guarino
748734844941460...

6/16/2026

Date

Name: Robyn Guarino

Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that FIRST DATA GOVERNMENT SOLUTIONS, LIMITED PARTNERSHIP a Delaware Limited Partnership formed to do business in New Hampshire as FDGS, LIMITED PARTNERSHIP on August 17, 2006. I further certify that it has paid the fees required by law and has not dissolved.

Business ID: **563130**

Certificate Number: **0007949559**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 16th day of June A.D. 2026.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a faint circular outline.

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, Jose Garcia, hereby certify that:

1. I am the President of First Data Government Solutions, LP, a Delaware limited partnership.
2. Shane McCullough is duly authorized on behalf of First Data Government Solutions, LP to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.
3. I hereby certify that Shane McCullough's authority to enter into contracts or agreements on behalf of First Data Government Solutions, LP has not been revoked or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

First Data Government Solutions, LP
By its general partner,
First Data Merchant Services LLC

Dated: 6/9/2026

DocuSigned by:
Jose Garcia
FF795513EFB74D6...

Signature
Name: Jose Garcia
Title: President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/1/2026

5/26/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 444 W. 47th St., Ste. 900 Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: National Union Fire Ins Co Pitts. PA</td> <td style="text-align: center;">19445</td> </tr> <tr> <td>INSURER B: --- SEE ATTACHMENT ---</td> <td></td> </tr> <tr> <td>INSURER C: Markel American Insurance Company</td> <td style="text-align: center;">28932</td> </tr> <tr> <td>INSURER D: AIU Insurance Company</td> <td style="text-align: center;">19399</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: National Union Fire Ins Co Pitts. PA	19445	INSURER B: --- SEE ATTACHMENT ---		INSURER C: Markel American Insurance Company	28932	INSURER D: AIU Insurance Company	19399	INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															
INSURED 1383155 FISERV INC. IT'S SUBSIDIARIES AND DIVISIONS INCLUDING FIRST DATA GOVERNMENT SOLUTIONS, LP 600 N. VEL R. PHILLIPS AVENUE MILWAUKEE WI 53203															

COVERAGES **CERTIFICATE NUMBER: 18452882** **REVISION NUMBER: XXXXXXXX**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	N	N	1947070	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	1811816	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	N	N	MKLM6MM70001203.	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A		N	WC 86672293 WC 86672294	7/1/2025 7/1/2025	7/1/2026 7/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	CRIME / E&O / CYBER	N	N	SEE ATTACHED	7/1/2025	7/1/2026	SEE ATTACHED

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.
CRIME COVERAGE: CARRIER WILL PAY FOR LOSS OR DAMAGE TO MONEY SECURITIES & OTHER PROPERTY SUSTAINED BY THE NAMED INSUREDS CLIENT RESULTING DIRECTLY FROM THEFT COMMITTED BY AN IDENTIFIED EMPLOYEE ACTING ALONE OR IN COLLUSION WITH OTHER PERSONS. LIMITS \$5,000,000 EACH LOSS, EMPLOYEE DISHONESTY/THEFT.

CERTIFICATE HOLDER

CANCELLATION See Attachment

18452882 State of NH Department of Health and Human Services 129 Pleasant Street Concord NH 03301-3857	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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