Department of Employee Trust Funds

P.O. Box 7931

Madison, WI 53707-7931

**FORM F**

**Vendor References**

**ETH0039 – TPA Contract Compliance Audits of IRC Section 125 Cafeteria Plan and Employee Reimbursement Accounts Program**

**ETH0040 – TPA Contract Compliance Audits of Health Savings Accounts Program**

**ETH0041 – TPA Contract Compliance Audits of Commuter Fringe Benefit Accounts Program**

**ETH0042 – TPA Contract Compliance Audits of Pharmacy Benefit Program**

**ETH0043 – TPA Contract Compliance Audits of Income Continuation Insurance Program**

**ETH0044 – TPA Contract Compliance Audits of Life Insurance Program**

**ETH0045 – TPA Contract Compliance Audits of Uniform Dental Insurance Program**

**ETH0046 – TPA Contract Compliance Audits of Wellness and Disease Management Program**

**ETH0047 – TPA Contract Compliance Audits of Data Warehouse and Visual Business Intelligence Services**

**ETH0048 – TPA Contract Compliance Audits of Wisconsin Deferred Compensation Program**

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| Proposer Company Name: Click or tap here to enter text. |

**Provide the requested information for three (3) or more companies for which you have provided services with requirements similar to the programs being offered in your Proposal.**

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| Company Name: Click or tap here to enter text. | | | |
| Contact Person Name and Title: Click or tap here to enter text. | | | |
| Phone: | Email address: | | |
| Address: Click or tap here to enter text. | | | |
| City: Click or tap here to enter text. | | State: Click or tap here to enter text. | Zip Code: Click or tap here to enter text. |
| List of products/services you provided to this company: Click or tap here to enter text. | | | |

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| Company Name: Click or tap here to enter text. | | | |
| Contact Person Name and Title: Click or tap here to enter text. | | | |
| Phone: | Email address: | | |
| Address: Click or tap here to enter text. | | | |
| City: Click or tap here to enter text. | | State: Click or tap here to enter text. | Zip Code: Click or tap here to enter text. |
| List of products/services you provided to this company: Click or tap here to enter text. | | | |

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| Company Name: Click or tap here to enter text. | | | |
| Contact Person Name and Title: Click or tap here to enter text. | | | |
| Phone: | Email address: | | |
| Address: Click or tap here to enter text. | | | |
| City: Click or tap here to enter text. | | State: Click or tap here to enter text. | Zip Code: Click or tap here to enter text. |
| List of products/services you provided to this company: Click or tap here to enter text. | | | |