State of Wisconsin

DOA-3261 (R08/2003)

s. 16.75, Wis. Statutes

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| **PROPOSALS MUST BE SEALED AND ADDRESSED TO:**Deloitte Consulting LLP And Employee Trust Funds(see section 2.3 Submitting Proposal) | Proposal envelope must be sealed and plainly marked in lower corner with due date and Request for Proposal # **ETJ0029**. Late proposals shall be rejected. The soliciting purchasing office on or before the date and time that the proposal is due MUST date and time stamp proposals. Proposals dated and time stamped in another office shall be rejected. Receipt of a proposal by the mail system does not constitute receipt of a proposal by the purchasing office. Any proposal that is inadvertently opened as a result of not being properly and clearly marked is subject to rejection. Proposals must be submitted separately, i.e., not included with sample packages or other proposals. Proposal openings are public unless otherwise specified. Records will be available for public inspection after issuance of the notice of intent to award or the award of the contract. Vendor should contact person named below for an appointment to view the proposal record. Proposals shall be firm for acceptance for 180 days from date of proposal opening, unless otherwise noted. The attached terms and conditions apply to any subsequent award.  |
| REQUEST FOR PROPOSAL |
| THIS IS NOT AN ORDER | Proposals MUST be in this office no later than **April 5, 2010 4:00PM** | Public Opening [ ]  |
| VENDOR (Name and Address)     | No Public Opening [x]  |
| Name (Contact for further information)Julie Maendel jmaendel@deloitte.com |
| Phone612-397-4602 | Date02/22/2010 |
| Quote Price and Delivery FOBMadison WI |
| Description |
| Request for Proposal (RFP) ETJ0029 for the Wisconsin Public Employer Group Life Insurance Program offered to State of Wisconsin and certain local government employees by the State of Wisconsin Group Insurance Board.RFP ETJ0029 amendments and questions and answers will be posted on the ETF Web site <http://etfextranet.it.state.wi.us> and will not be mailed. |
| Payment Terms:       | Delivery Time:       |
| In signing this proposal we also certify that we have not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or firm to submit or not to submit a proposal; that this proposal has been independently arrived at without collusion with any other vendor, competitor or potential competitor; that this proposal has not been knowingly disclosed prior to the opening of proposals to any other vendor or competitor; that the above statement is accurate under penalty of perjury. We will comply with all terms, conditions and specifications required by the State in this Request for Proposal and all terms of our proposal. |
| Name of Authorized Company Representative (Type or Print)      | Title      | Phone (       )       |
| Fax (       )       |
| Signature of Above | Date | Federal Employer Identification No. | Social Security No. if Sole Proprietor (Voluntary) |
|       |       |       |

This form can be made available in accessible formats upon request to qualified individuals with disabilities