

Date: November 28, 2018

To: All Vendors

Subject: **Request for Information (RFI) ETI0034 Wisconsin Public Employers** **Group Life Insurance Program**

**Response Due: January 24, 2019 by 2:00 PM CDT**

The Wisconsin Department of Employee Trust Funds (ETF) on behalf of the Wisconsin Group Insurance Board (Board) is issuing this Request for Information to solicit input from interested parties for an upcoming Request for Proposals (RFP) for insurance for the Wisconsin Public Employers Group Life Insurance Program.

The following attachments are included with this RFI document:

* Appendix A – Plan Design
* Appendix B – Performance Guarantees
* Non-Disclosure Agreement (NDA)
* Designation of Confidential and Proprietary Information Form

Thank you in advance for your response.

Beth Bucaida

Contracts Specialist-Advanced

Department of Employee Trust Funds

(608) 267-3933

ETFSMBProcurement@etf.wi.gov

**Wisconsin Department of Employee Trust Funds**

**Request for Information ETI0034**

**Wisconsin Public Employers** **Group Life Insurance Program**

1. Request for Information Introduction
	1. Introduction

The Wisconsin Department of Employee Trust Funds (ETF) administers various benefit programs available to state and local public employees. ETF works with nearly 1,500 employer partners and serves 622,000 employees and retirees. The purpose of this Request for Information (RFI) is to solicit information from qualified group life insurance providers that possess the resources and expertise to insure and administer the Wisconsin Public Employers Group Life Insurance Program.

* Responses to this RFI will not be returned and become ETF’s property upon submission to ETF.
* Responses are voluntary and shall not bind either the respondent or ETF in any way. This RFI is issued solely for information and planning purposes and does not constitute a solicitation.
* Responses to this RFI are not an offer and cannot be accepted by ETF to form a binding contract.
* ETF will not respond with answers to any questions submitted as part of your response; include any assumptions you make in your response.
* Responses to this RFI will be reviewed by ETF and ETF’s benefits consultant and may be used to further develop, change, alter or delete specifications, terms or conditions within a future solicitation. Providing a response to this RFI is not a prerequisite to submitting a proposal should ETF offer such an opportunity in the future. The contents of responses to this RFI will not be considered in the review or evaluation of future bids or proposals.
* ETF is not liable for any cost incurred by any vendor who responds to this RFI.
* ETF reserves the right to ask for clarification of any responses.
	1. Background and Current Operation

The Wisconsin Public Employers (WPE) Group Life Insurance Program (Program) is a benefit provided under the Wisconsin Retirement System (WRS) and is available to active employees, continuants, retirees of the State of Wisconsin and employees of participating Wisconsin local government employers. The Program is governed under [Wisconsin Statutes 40.70](https://docs.legis.wisconsin.gov/statutes/statutes/40/VI/70) – 40.74, [Wisconsin Administrative Code Chapter ETF 60](http://docs.legis.wisconsin.gov/code/admin_code/etf/60) and the life insurance policy between the Wisconsin Group Insurance Board (GIB) and Securian Financial Group, Inc. (Securian). The GIB and Securian are the policy holders and are responsible for program oversight. ETF has overall responsibility for administration of the Program. Securian and its affiliate, Minnesota Life, underwrite and assist ETF with administration of the Program.

The Program offers group life insurance plans, which provide term life insurance for State of Wisconsin employees and retirees (state plan) and local government employees and retirees (local plan) whose employer elects to participate in the plan. Employees may also insure their spouses and dependent children. While the state and local government plans have historically been very similar in both benefits and premiums, the two plans have always been financially independent of one another.

Both active and retired state employees are eligible for a basic term insurance plan. Insurance for all employees under age 65 and for active employees ages 65 to 69 is equal to earnings under the WRS for the previous calendar year rounded to the next highest thousand dollars. At age 65, insurance reduces to a percentage of the insurance then in force. For active employees over age 65, these reductions are delayed until the earlier of retirement or attainment of age 70. A retired employee retains lifetime coverage in a reduced amount.

A supplemental insurance plan provides added term insurance for active employees equal to 100% of insurance under the basic plan. Prior to April 24, 1990, an employee could alternatively select supplemental insurance equal to 50% of the amount allowed under the basic plan. Employees enrolled under that alternative may maintain that level of coverage. The supplemental insurance terminates on the later of the employee's 65th birthday or retirement but in no event beyond the employee's 70th birthday.

An additional insurance plan offers extra coverage on an employee-pay-all basis. An employee may elect up to three units of additional insurance. Each unit provides coverage equal to 100% of the amount of allowed insurance under the basic plan. The additional insurance terminates on the later of the employee's 65th birthday or retirement. An employee who continues in active employment beyond age 70 may maintain the additional insurance coverage by continued payment of premiums.

Employees pay premiums to cover the major portion of the cost of the basic and supplemental coverages during active employment. Employees pay premiums to cover the entire cost of the additional insurance.

As of December 31, 2017, 83,443 state employees participated in the state plan and, 119,558 local government employees participated in the local plan through 738 local government employers. There were also 55,806 state employees and local government employees who had spouse and dependent coverage.

Investments for the life insurance plans are held with Securian. In accordance with the administrative agreement between the Group Insurance Board and Securian, interest is calculated and credited to the life insurance plans based on the rate of return for a segment of Securian’s general fund, and not tied to any specific investments. The funds invested during the year earn interest based on that year’s rate of return.

The overall aggregate interest rate is calculated using a tiered approach based on the year the funds were invested and the rate of return for that year. Investment interest is credited based on the aggregate rate of return and assets are not adjusted to fair market value. Furthermore, Securian guarantees the principal amount of the reserves, including all interest previously credited.

Securian is the current plan administrator. Administrative functions are divided between Securian’s home office in St. Paul, Minnesota and their branch office in Fitchburg, Wisconsin, and ETF’s office in Madison, Wisconsin.

For additional information on the Program, refer to [ET-2101](http://etf.wi.gov/publications/et2101.pdf).

1.3 Funding Mechanism

The plans for active employees are fully insured by Securian and funded through employee and employer premiums. The plans are retrospectively experience rated through an Active Employee Stabilization Reserve. The Active Employee Stabilization Reserve is credited for premiums and interest credits and debited for claims and expenses. The state and local plans have separate Active Employee Stabilization Reserves.

The retiree life program is supported by contributions from employers and from pre-age 65 retirees. Contributions are made through age 65 and are intended to pre-fund the cost of post-65 retiree life benefits. The funds supporting the retiree life program are held by Securian in a Premium Deposit Fund (PDF). These funds represent employer contributions on behalf of active employees, contributions from pre-age 65 retirees, and interest credits on prior PDF balances. Withdrawals from the PDF include benefit payments from post-65 death claims and related expenses. There are separate PDF’s for the state and local plans. Although the retiree life plan is fully insured with Securian, a separate financing agreement stipulates that Securian does not guarantee that the funds in the PDF will be sufficient to fund future post-65 retiree benefits, meaning that participating employers ultimately bear the risk of any shortfall with respect to pre-65 retiree life benefits. (This is not true for any of the active employee plans and related benefits discussed in the prior paragraph.)

If Wisconsin were to terminate its agreement with Securian, then Securian would keep the funds that it determines are necessary for paying future benefits for then-current retirees as of the agreement termination date, including some or all of the funds in the Active Employee Stabilization Reserve if necessary. Assuming the Program is transferred to a different insurance provider, if the agreement with Securian is not renewed, any remaining funds in the PDF and Active Employee Stabilization Reserve would be transferred as well to the new insurer. The new insurance provider would be responsible for paying future pre- and post-retirement claims on all employees who were active at the time of the transfer.

It is unlikely that the funds transferred to the new carrier, in combination with current premiums, would be adequate to cover the full cost of post-65 retiree life claims incurred after the effective date. However, ETF is exploring ways to increase the valuation on the state plan to a level of 100% over the course of the next several years.

1. Submitting a Response
2. **Provide one (1) hard copy paper response.**
3. **Provide one USB thumb drive containing the following:**
	* **One (1) file folder** containing your response **in Microsoft Word/Microsoft Excel, and/or Adobe Acrobat 9.0 (or above) format. The file folder should be labeled “[Vendor Name] RFI Response.”**
	* **One (1) file folder** containing your response **in Microsoft Word/Microsoft Excel, and/or Adobe Acrobat 9.0 (or above) format EXCLUDING or REDACTING all confidential and proprietary information/documents. This file folder should be labeled “[Vendor Name] REDACTED RFI Response.”**

**Note: ETF may need to electronically send your redacted materials to members of the public when responding appropriately to public records requests. In the event that there is a public records request regarding the RFI, your redacted file is the file that will be shared with requestors. Note that no matter what method you use to redact documents, ETF is not responsible for checking that the redactions match your submitted Designation of Confidential and Proprietary Information form. ETF is not responsible for checking that redactions, when viewed on-screen via electronic file, cannot be thwarted. ETF is not responsible for responding to public records requests via printed hard copy, even if the redactions you made are only effective on printed hard copy. ETF may post your redacted responses on ETF’s public website in exactly the same file format you provided to ETF, and ETF is not responsible if the redacted file is copied and pasted, uploaded, e-mailed, or transferred via any electronic means, and somehow loses its redactions in that process.**

* **Redact only material you/your company authored. For example, do not redact ETF’s question or statement in the RFI you are responding to, only your answer.**
* **Do not redact page numbers. Page numbers should remain visible at all times, even if the whole page is being redacted.**
* **List the redacted items on your Designation of Confidential and Proprietary Information form; sign the form only once. Add as many lines/pages to the form as necessary.**
* **Do not lock or password protect the USB drive.**
* **Clearly mark the exterior of the USB flash drive with your name and RFI #ETI0034.**
* **Flash drives must be free** of all malware, ransomware, viruses, spyware, worms, Trojans, or anything that is designed to perform malicious operations on a computer.
1. **Include your completed and signed Non-Disclosure Agreement.**
2. **Include your completed and signed** Designation of Confidential and Proprietary Information form.
3. **The outside of the package in which you ship your response should show the following:**
* **Your company name and address**
* **RFI Number: RFI ETI0034**
1. Packages must be sent to one of the following addresses, depending on the method you use to send your response:

|  |  |
| --- | --- |
| **Express delivery** | **United States Postal Service delivery**  |
| Dept. of Employee Trust FundsBeth Bucaida**RFP ETH0052-54**Supply & Mail Services 7th Floor North Tower (Visitor’s Entrance)4822 Madison Yards WayMadison, WI 53705-9100 | Dept. of Employee Trust FundsBeth Bucaida **RFP ETH0052-54**P.O. Box 7931Madison, WI 53707-7931 |

**NOTE:** Deliveries are accepted from 8:00 a.m. – 4:00 p.m. central time Monday through Friday. No deliveries may be made on Saturdays, Sundays, and state holidays as the office is closed on those days. ETF is not responsible for picking up responses at the post office or any courier office.

1. **Responses are due to ETF no later than January 24, 2019, by 2:00 PM central time.**
2. Upon receipt and review of responses, ETF may seek clarification from respondents.
3. Information Requested

Please review this RFI document, Appendix A – Plan Design, and Appendix B – Performance Guarantees. Vendors submitting a response to this RFI should address the items listed below. Additional information regarding your services is welcome. Responses should be organized by and correspond to the following sections and requested information.

**3.1 Company Information**

3.1.1 Briefly introduce your organization, including your company’s ownership structure, number of employees, number of offices and locations.

3.1.2 Provide contact name(s) and information for the person(s) ETF may contact concerning your response and the products and services you offer.

3.1.3 List any relevant web sites for your company and its offerings.

3.1.4 Identify clients that use your services who are of equivalent size (number of insureds is listed in section 1.2 above) and who have a similar plan design (see Appendix 2.

3.1.5 Indicate your current ratings provided by the organizations below. Have there been any changes in your ratings in the last two years? If so, explain.

|  |  |  |  |
| --- | --- | --- | --- |
|   | Rating | Rating Date | Explanation for a Rating Change Since the Prior Rating Year |
| A.M. Best |   |   |  |
| Moody's |   |   |  |
| Standard & Poor's |   |   |  |

**3.2 Benefit Design**

The [Program](http://etf.wi.gov/members/benefits_life_ins.htm) offers benefits to State of Wisconsin active employees, continuants, and retirees, and employees of participating Wisconsin local government employers including but not limited to: basic life, supplemental life, and additional coverage options; AD&D, spousal and dependent coverage, disability waiver of premium, conversion, continuation, and retiree benefits.

Appendix A includes a brief description of benefits that the current insurer must provide. Responders should provide a written response that reflects your organization’s understanding and capacity to meet and maintain the current benefits described in Appendix A.

3.2.1 Provide your recommendations for enhancements to the current plan offerings. Responders are encouraged to include any additional benefits your organization offers to other similar sized clients including but not limited to: long term care insurance, stand-alone AD&D, and any value-add benefits.

**3.3 Program Administration**

3.3.1 Describe your organization’s ability to administer the Program, respond to and maintain compliance with applicable laws, rules, regulations and provide efficient and effective liaison with ETF.

3.3.2 Describe your organization’s ability to process eligibility verification and coverage amounts, and notifications to employers and ETF of effective dates and amounts of coverage.

3.3.3 Describe your organization’s experience with administering plans providing post-retirement life insurance benefits.

3.3.4 What kind of employee communication materials does your organization provide to support employers in educating their employees about their benefits? Can these be customized? Respondents are encouraged to provide samples of communication/educational materials.

3.3.5 Describe the computer and data processing system that your organization uses for administration of plans. Include a description of any mainframe and network structures that are utilized. Have you experienced any data system limitations or obstacles when interfacing with a large data system from an outside organization? If so, explain what those obstacles were.

**3.4 Customer Service**

3.4.1 Does your organization have an office(s) located in Wisconsin? If yes, list all Wisconsin locations.

3.4.2 From the following, indicate which features are/are not currently available on your website:

|  |  |  |
| --- | --- | --- |
| **Member Can:**  | Yes | No |
| Securely access personal account information |  |  |
| Securely update personal account information  |  |  |
| Initiate a claim online |  |  |
| Securely access personal claim information and status tracking |  |  |
| Print or request forms/applications |  |  |
| Send a question via encrypted e-mail |  |  |
| Access or request an Explanation of Benefits |  |  |
| Other?  |  |  |
| **Employer Can:** | Yes | No |
| Print Reports |  |  |
| Marketing materials - download PDF documents/applications |  |  |
| Add/Delete plan participants |  |  |
| View eligibility information |  |  |
| Verify eligibility  |  |  |
| Report start and end dates of a disability  |  |  |
| Track claim payment status |  |  |
| Other? |  |  |

**3.5 Reporting and Record Keeping**

The current insurer is required to provide the following reports to ETF:

* A monthly report for life to health or long-term care conversion
* An [Annual Policy Year Report](http://etf.wi.gov/boards/agenda-items-2018/gib0822/item7b.pdf)
* Annual recommendation on the next year’s premium rates to ETF for concurrence and then to the GIB for approval
* A quarterly report on performance standards
* All data related for the annual GASB valuation including but not limited to active, retiree and disabled participants’ data, contributions by employer, and asset information.

3.5.1 Describe your organization’s experience in reporting, recordkeeping and ability to provide the required reports listed above to ETF.

**3.6 Performance Standards and Penalties**

The insurer is required to meet the performance standards included in Appendix B.

3.6.1 Describe the reports currently used internally by your company to measure fulfillment of performance standards similar to those outlined in Appendix B. Please provide a sample year-end policy report example.

3.6.2 Does your organization have any contracts with other clients which incorporate a penalty for not meeting performance standards? If yes, indicate the types of performance guarantees you have entered into previously and your ability to provide these arrangements to ETF.

**3.7 Pricing Methodology**

3.7.1 Describe your organization’s pricing methodology when determining premiums, including any administrative fees associated.

3.7.2 Would the valuation (ratio of assets to liabilities) of the plan remaining at a level of 70% influence your organization’s desire to bid on a State of Wisconsin Request for Proposals for Life Insurance, or would you be willing and able to work with ETF to manage the plan’s premium rate and cashflows over time to return the plan to a fully funded position? Please explain your answer in detail.

**3.8 Transition and Implementation**

3.8.1 Describe the steps that your organization would take to ensure a smooth transition when assuming administration of the Program from the current insurer.

3.8.2 Provide a history of similar program transitions completed by your organization.

**3.9 General Information**

Provide any additional information that you would like to share about your organization that was not specifically addressed in previous sections.

**Wisconsin Department of Employee Trust Funds**

**Request for Information ETI0034**

**Wisconsin Public Employers** **Group Life Insurance Program**

**Appendix A**

**Plan Design**

1. Basic Insurance

Basic insurance coverage, authorized by Wisconsin Statute §40.72(1), is equal to an employee's annual earnings for the prior calendar year, as reported to the Wisconsin retirement system (WRS) rounded to the next highest thousand dollars. Wisconsin Statute § [40.05(6)(a)](https://docs.legis.wisconsin.gov/statutes/statutes/40/I/05/6) limits the premium rate for an employee to no more than $0.60 monthly for each $1,000 of insurance. Employees and employers share the premium cost of basic insurance. Basic coverage also includes a post-retirement benefit in a reduced amount.

1. Supplemental Insurance

Supplemental insurance is authorized by Wisconsin Statute §40.72(10). An employee must have Basic coverage and the employer must have elected to participate in the Supplemental Plan. This plan provides life insurance coverage in additional to the basic plan at one times the previous year’s earnings, rounded to the next higher $1,000. If employed when at age 70, premiums stop and Supplemental insurance coverage will terminate.

1. Additional Insurance

There are no statutory limits on premium rates for this insurance and employees must pay the entire premium cost. There is no post-retirement benefit; however, an employee who continues in active employment beyond age 70 may continue this coverage by continuing to pay premiums. Employees may elect up to three units of Additional coverage. The Additional Plan does not include waiver of premium or accidental death and dismemberment benefits for insureds who are 70 or older.

1. Accidental Death and Dismemberment (AD&D)

AD&D coverage is equal to an employee's insurance under the basic, supplemental, and additional coverages.

1. Spouse and Dependent Coverage

An employee must have Basic Plan or file an application for Basic coverage at the same time you apply for Spouse and Dependent coverage. An eligible employee under age 70 and their employer must offer this plan as part of its benefits program. Coverage for both the state and local plan is the same, $10,000 per unit for spouses and $5,000 per unit for each dependent.

1. Living Benefits

The living benefit provision allows an insured employee, retiree, spouse or dependent to receive the proceeds of his or her life insurance coverage while still living if certain medical criteria are met.

1. Life to Health or Long-Term Care Option

This option, authorized by Wisconsin Statute §40.72(4r), enables persons insured at the post-retirement amount under the plan to convert the present value of that coverage to pay premiums for health or long-term care insurance plans offered under Wisconsin State Statute Chapter 40, Subchapter IV. Wisconsin Administrative Code §ETF 60.60, establishes procedures to implement this statute.

1. Disability Waiver of Premium

Provides for continued coverage without further payment of premiums for an employee who becomes totally disabled while insured under this policy and prior to attaining age 70.

**Wisconsin Department of Employee Trust Funds**

**Request for Information ETI0034**

**Wisconsin Public Employers** **Group Life Insurance Program**

**Appendix B**

**Performance Guarantees**

**Claims Processing**

|  |  |  |
| --- | --- | --- |
| **Standard** | **Performance Measure** | **Threshold**  |
| Mail initial requests for information for death and dismemberment claims | Within 7 calendar days of receipt of notice  | 99%  |
| Pay death and dismemberment claims after receipt of all necessary proof | Within 10 calendar days of receipt of all necessary proof | 95%  |
| Request additional information for new waiver of premium disability claims | Within 7 calendar days after receipt of claim  | 99%  |
| Make final disposition of new waiver of premium disability claims | Within 10 calendar days after receipt of necessary information | 95% |
| Final disposition of continuing waiver of premium disability claims | Within 10 calendar days after receipt of necessary information | 95% |

**Enrollment**

|  |  |  |
| --- | --- | --- |
| Approve or request additional information necessary for making underwriting decision of all applications requiring evidence of insurability | Within 7 calendar days after receipt of completed application | 98% |
| Make final disposition of all evidence of insurability applications with notification mailed to the applicant | Within 7 calendar days after receipt of necessary information | 95% |

**Life to Health Remittance**

|  |  |  |
| --- | --- | --- |
| **Frequency**  | **Activity**  | **Due Date**  |
| Monthly | Include 95% of all Life to Health applications, amendments, and cancellations received by the fifth day of the month in the remittance  | 20th of the same month  |

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| ETF_logo_large |  | **STATE OF WISCONSIN****Department of Employee Trust Funds****Robert J. Conlin** SECRETARY | 4822 Madison Yards WayMadison, WI 53705-9100P. O. Box 7931Madison, WI 53707-79311-877-533-5020 (toll free) |

**ETI0034 Request for Information**

**Wisconsin Public Employer Group Life Insurance Program**

**Non-Disclosure Agreement**

The Wisconsin Department of Employee Trust Funds (the Department) and Milliman, Inc. (Milliman), the Department’s life insurance benefit consultant, acknowledge that they may receive information from the vendor named below that the vendor has specifically designated as confidential information on vendor’s Designation of Confidential and Proprietary Information form submitted to the Department. The definition of “Confidential Information” shall only apply to those items listed on the vendor’s Designation of Confidential and Proprietary Information form. Vendor’s Confidential Information will only be used to review the vendor’s response to the Department’s Request for Information (RFI) ETI0034 for the Wisconsin Public Employer Group Life Insurance Program.

The Department and Milliman agree to the following four limitations on the use of the vendor’s Confidential Information:

1. Milliman may not use the Confidential Information for any work other than for the Department.
2. Milliman may not add the Confidential Information to its own database or other databases used by Milliman for comparisons or analyses outside of the work for the Department.
3. Milliman and the Department may not publish the Confidential Information in any report to be made public for the Department or any other employer.
4. Milliman and the Department may not sell the Confidential Information or otherwise provide the Confidential Information to a third party.

The obligations of the Department and Milliman set forth above shall not apply to any information which: (i) is or becomes available in the public domain through no breach of this Agreement by the Department or Milliman subsequent to the time of the communication thereof to the Department or Milliman; (ii) was in the Department’s or Milliman’s possession free of any obligation of confidentiality at the time of the vendor’s communication thereof to the Department or Milliman; (iii) is received from a third party not known by the Department or Milliman to owe an obligation of confidentiality to the vendor; or (iv) is developed by the Department or Milliman completely independent from the Confidential Information of the vendor. All parties agree that the Department is subject to the provisions of the Wisconsin Public Records Law (Wis. Stat. §19.31 et seq.), which provides generally that all records relating to a public agency’s business are open to public inspection, disclosure and copying in the manner provided in the Public Records Law. Accordingly, the Department cannot represent or guarantee that any information submitted by the Vendor will be considered confidential under the Public Records Law. In the event the Department receives a request under the Public Records Law, the Department’s sole responsibility will be to notify the vendor of the request and allow the vendor to seek protection from disclosure in a court of competent jurisdiction. With the exception of the information designated as Confidential Information by the vendor, the Department shall be able to comply with such request without any liability under this NDA.

In the event the designation of Confidential Information is challenged as a request under the Public Records Law, the Department will notify the vendor within three (3) days of the Department’s receipt of such challenge. The vendor will need to obtain legal counsel or provide other necessary assistance to defend the designation of Confidential Information and hold the Department and the State of Wisconsin harmless for any costs or damages arising out of the Department’s agreeing to withhold the Confidential Information. If the Department or Milliman is required to disclose Confidential Information pursuant to any order or directive of a court or governmental agency of competent jurisdiction, the Department or Milliman will inform the vendor of such order or directive prior to disclosure, where legally permitted. This Agreement shall be interpreted and governed in accordance with the laws of the state of Wisconsin, without reference to its conflicts of laws rules.

Vendor Name

 Vendor

Authorized Representative

Signature

Authorized Representative

Type or Print

Date

**Milliman, Inc.** **Department of Employee Trust Funds**



Authorized Representative Authorized Representative

Authorized Representative Daniel D. Skwire Authorized Representative Robert J. Conlin

Date November 27, 2018 Date November 27, 2018

|  |  |  |  |
| --- | --- | --- | --- |
| ETF_logo_large |  | **STATE OF WISCONSIN****Department of Employee Trust Funds****Robert J. Conlin** SECRETARY | 4822 Madison Yards WayMadison, WI 53705-9100P. O. Box 7931Madison, WI 53707-79311-877-533-5020 (toll free) |

**ETI0034 Request for Information**

**Wisconsin Public Employer Group Life Insurance Program**

**Designation of Confidential and Proprietary Information**

The material my company has submitted in response to **RFI #ETI0034** includes proprietary and confidential information that qualifies as a trade secret, as provided in §19.36(5), Wis. Stats., or is otherwise material that can be kept confidential under the Wisconsin Public Records Law. As such, my company requests that certain pages of our response, as indicated below, be treated as confidential material and not be released without our written approval. I understand other information cannot be kept confidential unless it is a trade secret.

Trade secret is defined in §134.90(1)(c), Wis. Stats. as follows: “Trade secret” means information, including a formula, pattern, compilation, program, device, method, technique or process to which all the following apply:

* The information derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use.
* The information is the subject of efforts to maintain its secrecy that are reasonable under the circumstances.

Failure to include this form with your response may mean that all information provided as part of your response will be open to examination and copying. The state of Wisconsin (State) will consider other markings of confidentiality in your response to be insufficient. **If you are not including any confidential or proprietary materials with your response, please write “none” in the first row below and submit this form with your response.**

**My company requests the following documents/sections/pages of our response not be released:**

|  |  |  |
| --- | --- | --- |
| **Response Section/Attachment Name** | **Page #** | **Topic** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

 **Attach additional copies of this form if necessary.**

In the event the designation of confidentiality of the above-listed information is challenged, my company hereby agrees to provide legal counsel or other necessary assistance to defend the designation of confidentiality and to hold the State harmless for any costs or damages arising out of the State withholding the materials. My company agrees to hold the State harmless for any damages arising out of the release of any materials unless they are specifically identified above.

|  |  |
| --- | --- |
| Vendor/Respondent/Company Name: | Click or tap here to enter text. |
|  |  |
| Name & Title of Authorized Representative: | Click or tap here to enter text. |
|  |  |
| Authorized Representative Signature: |  |
|  |  |
| Signature Date: | Click or tap here to enter text. |