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| **PROPOSALS MUST BE SEALED AND ADDRESSED TO:**   |  |  | | --- | --- | | Express delivery:  Beth Bucaida  **RFP ETH0052-54**  Dept. of Employee Trust Funds  4822 Madison Yards Way  Madison, WI 53707-7931 | USPS Mail delivery:  Beth Bucaida  **RFP ETH0052-54**  Dept. of Employee Trust Funds  PO Box 7931  Madison, WI 53707-7931 | | | Proposal envelopes/boxes must be sealed and plainly marked in the lower corner with Request for Proposal **ETH0052-54.** Late Proposals will be rejected. Proposals MUST be received by ETF on or before the date and time that the Proposal is due. Proposals received after that time/date will be rejected. Receipt of a Proposal by the State mail system does not constitute receipt of a Proposal by ETF. Any Proposal which 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. Records will be available for public inspection after issuance of the notice of intent to award or the award of the Contract. The terms and conditions specified in the RFP apply to any subsequent Contract. | | | | | |
| **REQUEST FOR PROPOSAL** | |
| **RFP ETH0052 - ETH0054** | | Proposals MUST be in this office no later than:  **August 29, 2018 @ 2:00 PM CST** | | | | | Public Opening  No Public Opening |
| **PROPOSER** (Company Name and Address)  Click or tap here to enter text. | | Name (Contact for further information)  Beth Bucaida | | | | | |
| Phone  608-267-3933 | | | | Date  June 29, 2018 | |
| **Description** | | | | | | | |
| Request for Proposals (RFP):   * **ETH0052 Third Party Administration of Health Savings Accounts (HSA)** * **ETH0053 Third Party Administration of Section 125 Cafeteria Plan and Employee Reimbursement Accounts (ERA)** * **ETH0054 Third Party Administration of Commuter Fringe Benefit Accounts**   For the Department of Employee Trust Funds (ETF).  RFP amendments, questions & answers will be posted on the ETF website at <http://etfextranet.it.state.wi.us/> and will not be mailed.  **\*\*\* Faxed and e-mailed Proposals will not be accepted \*\*\***  **\*\*\* This page must be completed, signed and included with your Proposal \*\*\*** | | | | | | | |
| By signing this document I, an authorized representative of the Proposer named above, certify that my company has 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 the Proposal we have submitted for this RFP (listed above) has been independently arrived at without collusion with any other Proposer, competitor or potential competitor; that our Proposal has not been knowingly disclosed prior to the opening of Proposals to any other Proposer 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 the RFP (listed above) and all terms of our Proposal. | | | | | | | |
| Name of Authorized Company Representative (Type or Print):  Click or tap here to enter text. | Title:  Click or tap here to enter text. | | | Phone: Click or tap here to enter text. | | | |
| e-Mail: Click or tap here to enter text. | | | |
| Signature | Date: Click or tap here to enter text. | | Federal Employer Identification No.: Click or tap here to enter text. | | SS # if Sole Proprietor (voluntary): Click or tap here to enter text. | | |
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