**Department of Employee Trust** **Funds**

P.O. Box 7931

Madison, WI 53707-7931

**FORM E**

**Vendor Information**

**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**

**Provide the information requested below:**

|  |  |  |
| --- | --- | --- |
| Proposer Company Name:\* Click or tap here to enter text. | | |
| dba name: Click or tap here to enter text. | | |
| Main Phone: Click or tap here to enter text. | | |
| 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:  Click or tap here to enter text. |

\*Legal business name, as it appears on company’s W-9.

**Proposer contact for questions concerning your Proposal:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Title: Click or tap here to enter text. | | | |
| Phone: Click or tap here to enter text. | Email address: Click or tap here to enter text. | | |
| 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: Click or tap here to enter text. |

**Name/title of Proposer contact responsible for affirmative action compliance:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Title: Click or tap here to enter text. | | | |
| Phone: Click or tap here to enter text. | Email address: Click or tap here to enter text. | | |
| 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: Click or tap here to enter text. |

**Proposer contact for ETF invoicing/billing:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Title: Click or tap here to enter text. | | | |
| Phone: Click or tap here to enter text. | Email address: Click or tap here to enter text. | | |
| 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: Click or tap here to enter text. |

**Proposer contact for legal notices:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Title: Click or tap here to enter text. | | | |
| Phone: Click or tap here to enter text. | Email address: Click or tap here to enter text. | | |
| 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: Click or tap here to enter text. |

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| --- |
| CEO / President Name: Click or tap here to enter text. |