Department of Employee Trust Funds

P.O. Box 7931

Madison, WI 53707-7931

**FORM F**

**Vendor References**

**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**

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

**Provide the requested information for four (4) 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: 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 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: 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 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: 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 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: 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 Code: Click or tap here to enter text. |
| List of products/services you provided to this company: Click or tap here to enter text. | | | |