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| **State of Wisconsin**  **Department of Employee Trust Funds**  4822 Madison Yards Way  Madison, WI 53705-9100  P. O. Box 7931  Madison, WI 53707-7931 |

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| **Commodity or Service:**  Insurance Administration System | **Contract No./Request for Proposal No:**  ETI0050 |
| **Contract Period:** xxxx - xxxx with the option for renewal for xxxx | |

1. This Contract is entered into by the State of Wisconsin Department of Employee Trust Funds (Department) and xxx (Contractor). Contractor’s address and principal officer appear below. The Department is the sole point of contact for this Contract.

2. Whereby the Department agrees to direct the purchase and Contractor agrees to supply the Contract requirements in accordance with the documents specified in the order of precedence below, which are hereby made a part of this Contract by reference.

3. For purposes of administering this Contract, the order of precedence is:

(a) This Contract;

(b) Exhibit A, Contract Clarifications;

(c) Department Terms and Conditions;

(d) Request for Proposal (RFP) ETI0050 dated xxx; and,

(e) Contractor’s proposal dated xxxx.

**Contract Number & Service: ETI0050 Insurance Administration System**

**This Contract shall become effective upon the date of last signature below (the “Effective Date”).**

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| **State of Wisconsin**  **Department of Employee Trust Funds** |  | **Contractor** |
| Authorized Board: | Legal Company Name: |
|  |  |
| By *(Name):* | Trade Name: |
|  |  |
| Signature: | Taxpayer Identification Number: xxx |
|  |  |
| Date of Signature: | Contractor Address (Street Address, City, State, Zip): |
| Contact A. John Voelker, ETF Deputy Secretary, if questions arise: (608) 266-9854 |
|  | Name & Title (print name and title of person authorized to legally sign for and bind Contractor): |
|  |
|  |
|  | Signature: |
|  |  |
|  |  | Date of Signature: |
|  |  | Email:  Phone: |