Department of Employee Trust Funds

P.O. Box 7931

Madison, WI 53707-7931

**FORM F**

**Vendor References**

**ETJ0045 – Third Party Administration of the State of Wisconsin Employee Trust Funds Uniform Dental Benefit**

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

**Provide the requested information for three (3) or more companies for which you have provided services with requirements similar to the programs being offered in your Proposal. Do not list State of Wisconsin Department of Employee Trust Fund employees as references.**

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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: | Email address: | | |
| 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: | Email address: | | |
| 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: | Email address: | | |
| 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. | | | |