Department of Employee Trust Funds

P.O. Box 7931

Madison, WI 53707-7931

**FORM F**

**Vendor References**

**RFPs ETB0047-49 Third Party Administration of the Well Wisconsin Program**

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

**Instructions:** Provide the requested information for a minimum of four (4) clients for which you have provided, or currently provide, services that are similar to the services requested in the RFP(s) you are responding to (ETB0047, ETB0048 and/or ETB0049).

At least one reference should be an entity with enrollment of at least 100,000 employees and a minimum of one hundred (100) different work locations.

At least one reference should be a public sector employer group of over 50,000 employees.

At least one reference should be an entity that recently (within the last 3 years) became a client (to speak to their experience with implementation of your organization’s services). Do not list the Department as a reference.

References must be *responsive* to **the Department**’s inquiries. Proposers may be scored lower on their responses to the general and technical questionnaires or disqualified from further scoring if references do not respond to **the Department**’s requests for information about the Proposer. It is the responsibility of the Proposer to ensure reference names, addresses, telephone numbers, and e-mail addresses remain current throughout the RFP process.

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| Entity 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. | |
| City: Click or tap here to enter text. | | State: Click or tap here to enter text. |
| Dates and # of years Proposer has worked with this client. Proposer’s services offered by this reference and number of client’s employees who utilize Proposer’s services: Click or tap here to enter text. | | |

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| --- | --- | --- |
| Entity 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. | |
| City: Click or tap here to enter text. | | State: Click or tap here to enter text. |
| Proposer’s services offered by this reference and number of client’s employees who utilize Proposer’s services: Click or tap here to enter text. | | |

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| Entity 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. | |
| City: Click or tap here to enter text. | | State: Click or tap here to enter text. |
| Proposer’s services offered by this reference and number of client’s employees who utilize Proposer’s services: Click or tap here to enter text. | | |

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| Entity 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. | |
| City: Click or tap here to enter text. | | State: Click or tap here to enter text. |
| Proposer’s services offered by this reference and number of client’s employees who utilize Proposer’s services: Click or tap here to enter text. | | |

Add additional pages as necessary.