Department of Employee Trust Funds

P.O. Box 7931

Madison, WI 53707-7931

**FORM F**

**Vendor References**

**ETD0052 Third Party Administration of the Health Savings Account Benefit Program**

**ETD0053 Third Party Administration of the Section 125 Cafeteria Plan, Employee Reimbursement Account and Commuter Fringe Benefit Account Programs**

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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 (ETD0052 and/or ETD0053). Return this form per RFP Section 2.

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

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.