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| **PROPOSALS MUST BE SEALED AND ADDRESSED TO:**   |  |  | | --- | --- | | Express delivery:  Joanne Klaas  **RFP ETH0039 -48**  Dept. of Employee Trust Funds  4822 Madison Yards Way  Madison, WI 53707-7931 | USPS Mail delivery:  Joanne Klaas  **RFP ETH0039-48**  Dept. of Employee Trust Funds  PO Box 7931  Madison, WI 53707-7931 | | | Proposal envelopes/boxes must be sealed and plainly marked in the lower corner with Request for Proposal **ETH0039-48.** Late Proposals will be rejected. Proposals MUST be received by ETF on or before the date and time that the Proposal is due. Proposals received after that time/date will be rejected. Receipt of a Proposal by the State mail system does not constitute receipt of a Proposal by ETF. Any Proposal which is inadvertently opened as a result of not being properly and clearly marked is subject to rejection. Proposals must be submitted separately, i.e., not included with sample packages or other proposals. Records will be available for public inspection after issuance of the notice of intent to award or the award of the Contract. The terms and conditions specified in the RFP apply to any subsequent Contract. | | | | | |
| **REQUEST FOR PROPOSAL** | |
| **RFP ETH0039 - ETH0048** | | Proposals MUST be in this office no later than:  **November 28, 2018 @ 2:00 PM CST** | | | | | Public Opening  No Public Opening |
| **PROPOSER** (Company Name and Address)  Click or tap here to enter text. | | Name (Contact for further information)  Joanne Klaas | | | | | |
| Phone  608-261-7247 | | | | Date  October 17, 2018 | |
| **Description** | | | | | | | |
| Request for Proposals (RFP):  **ETH0039 - TPA Contract Compliance Audits of IRC Section 125 Cafeteria Plan and Employee Reimbursement Accounts Program**  **ETH0040 – TPA Contract Compliance Audits of Health Savings Accounts Program**  **ETH0041 – TPA Contract Compliance Audits of Commuter Fringe Benefit Accounts Program**  **ETH0042 – TPA Contract Compliance Audits of Pharmacy Benefit Program**  **ETH0043 – TPA Contract Compliance Audits of Income Continuation Insurance Program**  **ETH0044 – TPA Contract Compliance Audits of Life Insurance Program**  **ETH0045 – TPA Contract Compliance Audits of Uniform Dental Insurance Program**  **ETH0046 – TPA Contract Compliance Audits of Wellness and Disease Management Program**  **ETH0047 – TPA Contract Compliance Audits of Data Warehouse and Visual Business Intelligence Services**  **ETH0048 – TPA Contract Compliance Audits of Wisconsin Deferred Compensation Program**  For the Department of Employee Trust Funds (ETF).  RFP amendments, questions & answers will be posted on the ETF website at <http://etfextranet.it.state.wi.us/> and will not be mailed.  **\*\*\* Faxed and e-mailed Proposals will not be accepted \*\*\***  **\*\*\* This page must be completed, signed and included with your Proposal \*\*\*** | | | | | | | |
| By signing this document I, an authorized representative of the Proposer named above, certify that my company has not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or firm to submit or not to submit a Proposal; that the Proposal we have submitted for this RFP (listed above) has been independently arrived at without collusion with any other Proposer, competitor or potential competitor; that our Proposal has not been knowingly disclosed prior to the opening of Proposals to any other Proposer or competitor; that the above statement is accurate under penalty of perjury.  We will comply with all terms, conditions and specifications required by the State in the RFP (listed above) and all terms of our Proposal. | | | | | | | |
| Name of Authorized Company Representative (Type or Print):  Click or tap here to enter text. | Title:  Click or tap here to enter text. | | | Phone: Click or tap here to enter text. | | | |
| e-Mail: Click or tap here to enter text. | | | |
| Signature | Date: Click or tap here to enter text. | | Federal Employer Identification No.: Click or tap here to enter text. | | SS # if Sole Proprietor (voluntary): Click or tap here to enter text. | | |
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