

Part II: Group Plan Information

Employer Identification Number _____

Employer: STATE OF WISCONSIN/*PARTICIPATING LOCAL GOVERNMENT EMPLOYERS*

Please refer to the instruction booklet before completing this section. Complete a GHP report only for employees identified on the Part III forms. For each GHP your organization has offered since 1-1-97, please TYPE or PRINT LEGIBLY the following information in BLACK INK.

GHP Report Number	GHP Name	GHP Address	GHP ID Number or Code	Type Of GHP
1	Atrium Health Plan	400 2 nd ST S STE 270 HUDSON WI 54016		B
2	Compcare Health Plan	401 W MICHIGAN AVE MILWAUKEE WI 53203		B
3	Dean Health Plan (<i>formerly DeanCare HMO</i>)	P O BOX 56099 MADISON WI 53705 or 1277 DEMING WAY MADISON WI 53717		B
4	Empheysis Wisconsin Insurance Company	1100 EMPLOYERS BLVD GREEN BAY WI 54344		B
5	Family Health Plan Cooperative	11524 W THEODORE TRECKER WAY MILWAUKEE WI 53214		B
6	Green Bay-HPP Select	P O BOX 38 LA CROSSE WI 54602-0038		B
7	Group Health Cooperative of Eau Claire (<i>GHC-EC</i>)	P O BOX 3217 EAU CLAIRE WI 54702		B
8	Group Health Cooperative of South Central WI (<i>GHC-SCW</i>)	8202 EXCELSIOR DR P O BOX 44971 MADISON WI 53744-4971		B
9	Gundersen/Lutheran Health Plan	1836 SOUTH AVE LA CROSSE WI 54601		B
10	Health Tradition Health Plan (<i>formerly LaCrosse Care Plus</i>)	P O BOX 188 LA CROSSE WI 54602-0188		B
11	HMP-90	1717 W BROADWAY P O BOX 8190 MADISON WI 53708-8190		C
12	Humana	P O BOX 14601 LEXINGTON KY 40512-4601		B
13	Managed Health Services	SUITE 452 2040 W WISCONSIN AVE MILWAUKEE WI 53233		B
14	Maxicare	SUITE 620 733 N VAN BUREN ST MILWAUKEE WI 53202		B
15	Medical Associates Health Plan	P O BOX 5002 DUBUQUE IA 52004-5002		B

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16	MercyCare Health Plan	3430 PALMER DR P O Box 2770 JANESVILLE WI 53547-2770		B
17	Midwest Security Choice	2700 MIDWEST DR ONALASKA WI 54650-8764		C
18	Network Health Plan	P O BOX 120 MENASHA WI 54952		B
19	North Central HPP	P O BOX 969 LA CROSSE WI 54402-0929		B
20	Physicians Plus Insurance Corp.	P O BOX 909953 MILWAUKEE WI 53209-9953		B
21	Prevea Health Plan	P O BOX 11625 GREEN BAY WI 54307-1625		B
22	Prime Care Health Plan	10701 W RESEARCH DR MILWAUKEE WI 53708-8190		B
23	Q-Care	1717 W BROADWAY P O BOX 8190 MADISON WI 53708-8190		B
24	Security Health Plan of Wisconsin, Inc.	1515 SAINT JOSEPH AVE P O BOX 8000 MARSHFIELD WI 54449-8000		B
25	Standard, Standard II, SMP Blue Cross Blue Shield United of Wisconsin	145 S PIONEER RD P O BOX 110 FOND DU LAC WI 54936-0110		D State E Local
26	Touch Point Health Plan <i>(formerly United Health of Wisconsin)</i>	5 INNOVATION CT APPLETON WI 54914		B
27	Unity Health Plans <i>(formerly HMO of Wisconsin)</i>	840 CAROLINA ST SAUK CITY WI 53583		B
28	Valley Health Plan	2270 EASTRIDGE CENTER P O BOX 3128 EAU CLAIRE WI 54701-3128		B

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 41-1500859	GHP Name Atrium Health Plan, Inc.	GHP Address 400 2 nd St S Ste 270 Hudson WI 54016-5802
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin	Sponsor Address State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. Same as GHP	Claims Processor Name	Claims Processor Address
Insurer Tax Payer ID No. Same as GHP	Insurer Name	Insurer Address
TPA Tax Payer ID No. Not Applicable	TPA Name	TPA Address

Employer Identification Number _____
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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 39-0138065	GHP Name Blue Cross Blue Shield United of Wisconsin	GHP Address 145 S Pioneer Rd PO Box 110 Fond Du Lac WI 54936-0110
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin	Sponsor Address State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. Same as GHP	Claims Processor Name	Claims Processor Address
Insurer Tax Payer ID No. Same as GHP	Insurer Name	Insurer Address
TPA Tax Payer ID No. N/A	TPA Name N/A	TPA Address

Employer Identification Number _____
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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 39-1462554	GHP Name Compcare Health Services Insurance Corporation	GHP Address 401 W Michigan Milwaukee WI 53203
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin	Sponsor Address State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. Same as GHP	Claims Processor Name	Claims Processor Address
Insurer Tax Payer ID No. Same as GHP	Insurer Name	Insurer Address
TPA Tax Payer ID No. N/A	TPA Name N/A	TPA Address

Employer Identification Number _____
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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 39-1535024	GHP Name Dean Health Plan	GHP Address 1277 Deming Way Madison WI 53717
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin	Sponsor Address State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. Same as GHP	Claims Processor Name	Claims Processor Address
Insurer Tax Payer ID No. Same as GHP	Insurer Name	Insurer Address
TPA Tax Payer ID No. N/A	TPA Name	TPA Address

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 39-1263473	GHP Name Empheys Wisconsin Insurance Company	GHP Address 1100 Employers Blvd. Green Bay WI 54344
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin	Sponsor Address State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. Same as GHP	Claims Processor Name	Claims Processor Address
Insurer Tax Payer ID No. Same as GHP	Insurer Name	Insurer Address
TPA Tax Payer ID No. N/A	TPA Name	TPA Address

Employer Identification Number _____
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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 23-7451822	GHP Name Family Health Plan Cooperative	GHP Address 11524 W Theodore Trekker Way Milwaukee WI 53214-7260
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin	Sponsor Address State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. Same as GHP	Claims Processor Name	Claims Processor Address
Insurer Tax Payer ID No. Same as GHP	Insurer Name	Insurer Address
TPA Tax Payer ID No. N/A	TPA Name	TPA Address

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 39-1545987	GHP Name Green Bay – HPP Select	GHP Address P O Box 38 La Crosse WI 54602-0038
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin	Sponsor Address State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. 39-0264050	Claims Processor Name Wausau Insurance Companies (Employers Insurance of Wausau, A Mutual Company)	Claims Processor Address P O Box 8085 Wausau WI 54402-8085
Insurer (Reinsurer) Tax Payer ID No. 39-0264050	Insurer Name Wausau Insurance Companies (Employers Insurance of Wausau, A Mutual Company)	Insurer Address P O Box 8085 Wausau WI 54402-8085
TPA Tax Payer ID No. 39-0264050	TPA Name Wausau Insurance Companies (Employers Insurance of Wausau, A Mutual Company)	TPA Address P O Box 8085 Wausau WI 54402-8085

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 39-6252984	GHP Name Group Health Cooperative of Eau Claire	GHP Address P O Box 3217 Eau Claire WI 54702
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin	Sponsor Address State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. Same as GHP	Claims Processor Name	Claims Processor Address
Insurer Tax Payer ID No. Same as GHP	Insurer Name	Insurer Address
TPA Tax Payer ID No. N/A	TPA Name	TPA Address

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 39-1199466	GHP Name Group Health Cooperative of South Central Wisconsin	GHP Address 8202 Excelsior Dr PO Box 44971 Madison WI 53744-4971
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin	Sponsor Address State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. Same as GHP	Claims Processor Name	Claims Processor Address
Insurer Tax Payer ID No. Same as GHP	Insurer Name	Insurer Address
TPA Tax Payer ID No. N/A	TPA Name	TPA Address

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 39-1807071	GHP Name Gundersen Lutheran Health Plan	GHP Address 1836 South Ave La Crosse WI 54601
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin	Sponsor Address State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. Same as GHP	Claims Processor Name	Claims Processor Address
Insurer Tax Payer ID No. Same as GHP	Insurer Name	Insurer Address
TPA Tax Payer ID No. N/A	TPA Name	TPA Address

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 39-1545987	GHP Name Health Tradition Health Plan <i>(formerly La Crosse Care Plus)</i>	GHP Address PO Box 188 LaCrosse WI 54602-0188
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin	Sponsor Address State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. 41-1547003	Claims Processor Name Mayo Management Services, Inc.	Claims Processor Address 21 First St SW Suite 401 Rochester MN 55902
Insurer Tax Payer ID No. N/A	Insurer Name	Insurer Address
TPA Tax Payer ID No. N/A	TPA Name	TPA Address

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 39-1268299	GHP Name HMP-90 c/o Wisconsin Physicians Service Insurance Corp.	GHP Address 1717 W Broadway P O Box 8190 Madison WI 53708
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin	Sponsor Address State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. Same as GHP	Claims Processor Name	Claims Processor Address
Insurer Tax Payer ID No. Same as GHP	Insurer Name	Insurer Address
TPA Tax Payer ID No. N/A	TPA Name	TPA Address

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 39-1263473	GHP Name Humana	GHP Address PO Box 14601 Lexington KY 40512-4601
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin	Sponsor Address State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. Same as GHP	Claims Processor Name	Claims Processor Address
Insurer Tax Payer ID No. Same as GHP	Insurer Name	Insurer Address
TPA Tax Payer ID No. N/A	TPA Name	TPA Address

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 39-1678579	GHP Name Managed Health Services	GHP Address Suite 45 2040 W Wisconsin Ave Milwaukee WI 53233
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin	Sponsor Address State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. Same as GHP	Claims Processor Name	Claims Processor Address
Insurer Tax Payer ID No. Same as GHP	Insurer Name	Insurer Address
TPA Tax Payer ID No. N/A	TPA Name	TPA Address

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 36-3060536	GHP Name Maxicare	GHP Address 733 N Van Buren St Milwaukee WI 53202
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin	Sponsor Address State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. Same as GHP	Claims Processor Name	Claims Processor Address
Insurer Tax Payer ID No. Same as GHP	Insurer Name	Insurer Address
TPA Tax Payer ID No. N/A	TPA Name	TPA Address

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 39-1519198	GHP Name Medical Associates Health Plan	GHP Address P O Box 5002 Dubuque IA 52004-5002
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin	Sponsor Address State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. Same as GHP	Claims Processor Name	Claims Processor Address
Insurer Tax Payer ID No. Same as GHP	Insurer Name	Insurer Address
TPA Tax Payer ID No. N/A	TPA Name	TPA Address

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 39-1768192	GHP Name MercyCare Health Plan	GHP Address 3430 Palmer Dr P O Box 2770 Janesville WI 53547-2770
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin Employee Trust Funds	Sponsor Address P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. Same as GHP	Claims Processor Name	Claims Processor Address
Insurer Tax Payer ID No. Same as GHP	Insurer Name	Insurer Address
TPA Tax Payer ID No. N/A	TPA Name	TPA Address

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 35-1279304	GHP Name Midwest Security Choice	GHP Address 2700 Midwest Dr Onalaska WI 54650-8764
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin	Sponsor Address State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. Same as GHP	Claims Processor Name	Claims Processor Address
Insurer Tax Payer ID No. Same as GHP	Insurer Name	Insurer Address
TPA Tax Payer ID No. N/A	TPA Name	TPA Address

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 39-1442058	GHP Name Network Health Plan	GHP Address P O Box 120 1570 Midway Pl Menasha WI 54952
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin	Sponsor Address State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. Same as GHP	Claims Processor Name	Claims Processor Address
Insurer Tax Payer ID No. Same as GHP	Insurer Name	Insurer Address
TPA Tax Payer ID No. N/A	TPA Name	TPA Address

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 39-1368741	GHP Name NorthCentral Health Protection Plan	GHP Address P O Box 969 Wausau WI 54402-0969
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin	Sponsor Address State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. 39-0264050	Claims Processor Name Wausau Insurance Companies (Employers Insurance of Wausau, A Mutual Company)	Claims Processor Address P O Box 8085 Wausau WI 54402-8085
Insurer (Reinsurer) Tax Payer ID No. 39-0264050	Insurer Name Wausau Insurance Companies (Employers Insurance of Wausau, A Mutual Company)	Insurer Address P O Box 8085 Wausau WI 54402-8085
TPA Tax Payer ID No. 39-0264050	TPA Name Wausau Insurance Companies (Employers Insurance of Wausau, A Mutual Company)	TPA Address P O Box 8085 Wausau WI 54402-8085

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 39-1565691	GHP Name Physicians Plus Insurance Corp.	GHP Address PO Box 909953 Milwaukee WI 53209-9953
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin	Sponsor Address State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. 39-0264050	Claims Processor Name Wausau Insurance Companies (Employers Insurance of Wausau, A Mutual Company)	Claims Processor Address P O Box 8085 Wausau WI 54402-8085
Insurer (Reinsurer) Tax Payer ID No. 39-0264050	Insurer Name Wausau Insurance Companies (Employers Insurance of Wausau, A Mutual Company)	Insurer Address P O Box 8085 Wausau WI 54402-8085
TPA Tax Payer ID No. 39-0264050	TPA Name Wausau Insurance Companies (Employers Insurance of Wausau, A Mutual Company)	TPA Address P O Box 8085 Wausau WI 54402-8085

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 39-1865651	GHP Name Prevea Health Plan	GHP Address P O Box 11625 Green Bay WI 54307-1625
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin	Sponsor Address State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. 39-0264050	Claims Processor Name Wausau Insurance Companies (Employers Insurance of Wausau, A Mutual Company)	Claims Processor Address P O Box 8085 Wausau WI 54402-8085
Insurer (Reinsurer) Tax Payer ID No. 39-0264050	Insurer Name Wausau Insurance Companies (Employers Insurance of Wausau, A Mutual Company)	Insurer Address P O Box 8085 Wausau WI 54402-8085
TPA Tax Payer ID No. 39-0264050	TPA Name Wausau Insurance Companies (Employers Insurance of Wausau, A Mutual Company)	TPA Address P O Box 8085 Wausau WI 54402-8085

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 39-1555888	GHP Name PrimeCare Health Plan Inc.	GHP Address 10701 W Research Dr Milwaukee WI 53226
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin	Sponsor Address State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. Same as GHP	Claims Processor Name	Claims Processor Address
Insurer Tax Payer ID No. Same as GHP	Insurer Name	Insurer Address
TPA Tax Payer ID No. N/A	TPA Name	TPA Address

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 39-1268299	GHP Name Q Care	GHP Address 1717 W Broadway P O Box 8190 Madison WI 53708
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin	Sponsor Address State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. Same as GHP	Claims Processor Name	Claims Processor Address
Insurer Tax Payer ID No. Same as GHP	Insurer Name	Insurer Address
TPA Tax Payer ID No. N/A	TPA Name	TPA Address

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The following information must be provided for each group health plan listed on the Part II, Group Health Plan Information sheet(s). You will need to make photocopies of this form if you listed more than one GHP on the Part II form.

GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 39-1572880	GHP Name Security Health Plan of Wisconsin, Inc.	GHP Address 1515 Saint Joseph Ave PO Box 8000 Marshfield WI 54449-8000
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin	Sponsor Address State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. Same as GHP	Claims Processor Name	Claims Processor Address
Insurer Tax Payer ID No. Same as GHP	Insurer Name	Insurer Address
TPA Tax Payer ID No. N/A	TPA Name	TPA Address

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 39-1597910	GHP Name Touchpoint <i>(formerly United Health of Wisconsin)</i>	GHP Address 5 Innovation Ct Appleton WI 54914
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin	Sponsor Address State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. Same as GHP	Claims Processor Name	Claims Processor Address
Insurer Tax Payer ID No. Same as GHP	Insurer Name	Insurer Address
TPA Tax Payer ID No. N/A	TPA Name	TPA Address

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GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 39-1450766	GHP Name Unity Health Plans	GHP Address 840 Carolina St Sauk City WI 53583
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin	Sponsor Address State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. Same as GHP	Claims Processor Name	Claims Processor Address
Insurer Tax Payer ID No. Same as GHP	Insurer Name	Insurer Address
TPA Tax Payer ID No. N/A	TPA Name	TPA Address

Employer Identification Number _____
 Employer _____

The following information must be provided for each group health plan listed on the Part II, Group Health Plan Information sheet(s). You will need to make photocopies of this form if you listed more than one GHP on the Part II form.

GHP Report #: _____ (from Part II, Page 1 or 2)

GHP Tax Payer ID No. 39-1616369	GHP Name Valley Health Plan, Inc.	GHP Address 2270 EastRidge Center P O Box 3128 Eau Claire WI 54701-3128
Sponsor Tax Payer ID No. 39-1103756	Sponsor Name State of Wisconsin	Sponsor Address State of Wisconsin or (WPE) Group Health Program P O Box 7931 Madison WI 53707-7931
Claims Processor Tax Payer ID No. N/A	Claims Processor Name	Claims Processor Address
Insurer Tax Payer ID No. Same as GHP	Insurer Name	Insurer Address
TPA Tax Payer ID No. N/A	TPA Name	TPA Address