



Benefit/Health Fair Participation Request Form

Wisconsin Department of Employee Trust Funds
PO Box 7931
Madison WI 53707-7931
1-877-533-5020 (toll free)
Fax 608-267-4549
etf.wi.gov

The It's Your Choice 2019 open enrollment period is October 1 to October 26, 2018.

The Department of Employee Trust Funds will accommodate as many requests as possible. However, we may not be able to attend all events. **Please submit your request no later than August 10, 2018.**

To request the attendance of a health plan or supplemental benefit (State only) representative, contact the vendor directly. Vendor contact information appears in the [Health Plan & Vendor Contacts List \(ET-1728\)](#). The person listed as the supplies contact will be able to help you set up representation at your health fair.

Section 1: Employer Information	
Employer name:	
Address: <i>(street address including P.O. Box, if applicable)</i>	
City:	State: WI ZIP code:
Contact name:	
Phone: ()	Email address:
Section 2: Event Information	
Event date:	Time: (start) to (end)
Event set-up time: (start time)	
Event address: <i>(street address)</i>	
City:	State: WI ZIP code:
Room:	Estimated attendance:
Parking instructions:	
May we publish your event information on etf.wi.gov? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: Publishing this event on the ETF website may result in other WRS members attending your event.)	
Additional comments:	
Section 3: Submit Your Request	
Mail: The Department of Employee Trust Funds Attention: ETF Outreach P.O. Box 7931 Madison, WI 53707-7931	
Email: etfoutreach@etf.wi.gov	
ETF contact: Elisabeth Davis	Phone: 608-261-8945
ETF contact: Amita Mastick	Phone: 608-266-0750