



## Designation of Confidential and Proprietary Information

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 material my company has submitted to the Wisconsin Department of Employee Trust Funds with my New Health Plan Application (Application) includes proprietary and confidential information that qualifies as a trade secret, as provided in § 19.36(5), Wis. Stats., or is otherwise material that can be kept confidential under the Wisconsin Open Records Law. As such, my company requests that certain sections of documents or documents in full we have submitted, as indicated below, be treated as confidential material and not be released without our written approval. I understand other information cannot be kept confidential unless it is a trade secret.

Trade secret is defined in § 134.90(1)(c), Wis. Stats. as follows: "Trade secret" means information, including a formula, pattern, compilation, program, device, method, technique or process to which all the following apply:

- The information derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use.
- The information is the subject of efforts to maintain its secrecy that are reasonable under the circumstances.

Prices always become public information, and therefore cannot be kept confidential.

Failure to include this form with your Application may mean that all information you provide with your Application will be open to examination and copying. ETF will consider other markings of confidentiality in the documents submitted with your Application to be insufficient. **If you are not including any confidential or proprietary materials with your Application, please write "none" in the first row below.**

**My company requests the following documents/sections/pages not be released (Attach additional copies of this form if necessary):**

Application page section, document title, or heading	Page number	Topic

In the event the designation of confidentiality of the above-listed information is challenged, my company hereby agrees to provide legal counsel or other necessary assistance to defend the designation of confidentiality and to hold the State harmless for any costs or damages arising out of the State withholding the materials. My company agrees to hold ETF and the State of Wisconsin harmless for any damages arising out of the release of any materials unless they are specifically identified above.	
Proposer company name	
Name and title of authorized representative	
Authorized representative signature	Date (MM/DD/YYYY)