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| **State of Wisconsin****Department of Employee Trust Funds**4822 Madison Yards WayMadison, WI 53705-9100P. O. Box 7931Madison, WI 53707-7931 |

Contract by Authorized Board

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| **Commodity or Service:** Third Party Administration of Uniform Dental Benefits | **Contract No./Request for Proposal No:** ETJ0045 |
| **Authorized Board: State of Wisconsin, Group Insurance Board** |
| **Contract Period:** xxxx - xxxx with the option for renewal for xxxx |

1. This Contract is entered into by the State of Wisconsin Department of Employee Trust Funds (Department) on behalf of the State of Wisconsin Group Insurance Board (Board), and xxx (Contractor). Contractor’s address and principal officer appear below. The Department is the sole point of contact for this Contract.

2. Whereby the Department agrees to direct the purchase and Contractor agrees to supply the Contract requirements in accordance with the documents specified in the order of precedence below, which are hereby made a part of this Contract by reference.

3. For purposes of administering this Contract, the order of precedence is:

(a) This Contract;

(c) Department Terms and Conditions;

(d) Request for Proposal (RFP) ETJ0045 dated April 15, 2020; and,

(e) Contractor’s proposal dated xxxx.

**Contract Number & Service: ETJ0045 Third Party Administration of Uniform Dental Benefits**

**This Contract shall become effective upon the date of last signature below (the “Effective Date”).**

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| **State of Wisconsin****Department of Employee Trust Funds** |   | **Contractor** |
| Authorized Board: **Group Insurance Board** | Legal Company Name: |
|  |   |
| By *(Name):* | Trade Name: |
|   |   |
| Signature: | Taxpayer Identification Number: xxx |
|  |  |
| Date of Signature:  | Contractor Address (Street Address, City, State, Zip):  |
| Contact A. John Voelker, ETF Deputy Secretary, if questions arise: (608) 266-9854 |
|  | Name & Title (print name and title of person authorized to legally sign for and bind Contractor):  |
|  |
|  |
|  | Signature: |
|  |  |
|  |  | Date of Signature: |
|  |  | Email and Phone:  |