**Department of Employee Trust** **Funds**

P.O. Box 7931

Madison, WI 53707-7931

**FORM E**

**Vendor Information**

**ETJ0043 Third Party Administration of the State of Wisconsin Income Continuation Insurance Program**

**Provide the information requested below:**

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| Proposer Company Name:\* Click or tap here to enter text. |
|  dba name: Click or tap here to enter text. |
| Main Phone: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| City: Click or tap here to enter text. | State: Click or tap here to enter text. | Zip: Click or tap here to enter text. |

\*Legal business name, as it appears on company’s W-9.

**Proposer contact for questions concerning your Proposal:**

|  |
| --- |
| Name and Title: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. | Email address: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| City: Click or tap here to enter text. | State: Click or tap here to enter text. | Zip: Click or tap here to enter text. |

**Name/title of Proposer contact responsible for affirmative action compliance:**

|  |
| --- |
| Name and Title: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. | Email address: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| City: Click or tap here to enter text. | State: Click or tap here to enter text. | Zip: Click or tap here to enter text. |

**Proposer contact for ETF invoicing/billing:**

|  |
| --- |
| Name and Title: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. | Email address: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| City: Click or tap here to enter text. | State: Click or tap here to enter text. | Zip: Click or tap here to enter text. |

**Proposer contact for legal notices:**

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| Name and Title: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. | Email address: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| City: Click or tap here to enter text. | State: Click or tap here to enter text. | Zip: Click or tap here to enter text. |

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| CEO / President Name: Click or tap here to enter text. |