Department of Employee Trust Funds

P.O. Box 7931

Madison, WI 53707-7931

**FORM F**

**Vendor References**

**RFPs ETD0055-59 Actuarial Audits**

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| **Proposer Company Name:** Click or tap here to enter text. |

**Instructions:** Provide the requested information for a minimum of three (3) clients for which you have provided, or currently provide, actuarial work or valuations for similar type audits are you are applying for here.

References must be *responsive* to **the Department**’s inquiries. Proposers may be scored lower on their responses or disqualified from further scoring if references do not respond to **the Department**’s requests for information about the Proposer. It is the responsibility of the Proposer to ensure reference names, addresses, telephone numbers, and e-mail addresses remain current throughout the RFP process.

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| Entity Name: Click or tap here to enter text. |
| Contact Person Name and Title (familiar with the actuarial work): 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. | Dates of actuarial work: Click or tap here to enter text. |
| Description of actuarial work or valuation performed: Click |

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| Entity Name: Click or tap here to enter text. |
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Add additional pages as necessary.