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

Contract by Authorized Board

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| **Commodity or Service:**  Administive Services for the State of Wisconsin  Pharmacy Benefit Program | **Contract No./Request for Proposal No:**  ETC0049 |
| **Authorized Board: State of Wisconsin Group Insurance Board** | |
| **Contract Period:** January 1, 2026 through December 31, 2028 with the option for renewal for two (2) additional two (2)-year terms. | |

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. In connection with the performance of work under this Contract, the Contractor agrees to not use or disclose Confidential Information, as defined in Department Terms and Conditions s. 24.0, in an Artificial Intelligence model unless approved by the Department in writing.

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

(a) This Contract;

(b) Exhibit A, Contract Clarifications; (not always required)

(c) Department Terms and Conditions version 12.1.2023;

(d) Request for Proposal (RFP) ETC0049 dated April 4, 2024; and,

(e) Contractor’s proposal dated xxxx.

**Contract Number & Service: ETC0049**

**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: | Legal Company Name: |
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| 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: |
|  |
|  |
|  | Signature: |
|  |  |
|  |  | Date of Signature: |
|  |  | Email:  Phone: |