**RFP ETC0049 Administrative Services for the State of Wisconsin Pharmacy Benefit Program**

**Instructions:**

1. List all Proposer Subcontractors, consultants and suppliers (including Proposer subsidiaries) that will provide services, products, content, work and supplies as part of the Services described in the Proposal being submitted.
2. Provide a list of all persons who contributed to authoring the Proposal.
3. Complete the Proposer information box:

* Print company name and the name and title of the representative signing this form (must be authorized to legally bind the company).
* Sign and date.

1. Return this form per Section 2.5 of the RFP.
2. Add additional copies of this form as necessary.

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| **Name of Subcontractor/ Consultant/Supplier/Proposal Author** | **Address** | **Work/Service/Product/Content to be Performed/Supplied** |
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**Proposer Information:**

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| Proposer Company Name: | Click or tap here to enter text. |
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| Name & Title of Authorized Representative: | Click or tap here to enter text. |
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| Authorized Representative Signature: |  |
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| Signature Date: | Click or tap here to enter text. |