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

P.O. Box 7931

Madison, WI 53707-7931

**FORM D**

**Request for Proposal Signature Page**

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| **PROPOSALS MUST BE SUBMITTED VIA BOX; SEE DETAILS IN THE RFP.** | | Late Proposals will be rejected. Proposals MUST be received by ETF on or before the date and time that the Proposal is due. Proposals received after that date/time will be rejected.  Records will be available for public inspection after issuance of the notice of intent to award a contract or upon completion of contract negotiations. The terms and conditions specified in the RFP apply to any subsequent Contract. | | | | | |
| **REQUEST FOR PROPOSAL** | |
| **RFP ETC0049 Administrative Services for the State of Wisconsin Pharmacy Benefit Program** | | Proposals MUST be received no later than:  **August 1, 2024 @ 2:00 PM CST** | | | | | Public Opening  No Public Opening |
| **PROPOSER** (Company Name and Address)  Click or tap here to enter text. | | Name (Contact for further information)  Joanne Klaas | | | | | |
| Phone  608-261-7247 | | | | Date  April 15, 2024 | |
| **Description** | | | | | | | |
| Request for Proposals (RFP):  **RFP ETC0049 Administrative Services for the State of Wisconsin Pharmacy Benefit Program**  For the Wisconsin Department of Employee Trust Funds (ETF).  RFP amendments, notices, questions & answers will be posted on the ETF website at [Third Party Administration of Pharmacy Benefits Program | ETF (wi.gov)](https://etf.wi.gov/node/35431) and will not be mailed.  **\*\*\* Mailed, faxed, and e-mailed Proposals will not be accepted \*\*\***  **\*\*\* This page must be completed, signed and included with your Proposal \*\*\*** | | | | | | | |
| By signing this document I, an authorized representative of the Proposer named above, certify that my company has not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or firm to submit or not to submit a Proposal; that the Proposal we have submitted for this RFP (listed above) has been independently arrived at without collusion with any other Proposer, competitor or potential competitor; that our Proposal has not been knowingly disclosed prior to the opening of Proposals to any other Proposer or competitor; that the above statement is accurate under penalty of perjury.  We will comply with all terms, conditions and specifications required by the State in the RFP (listed above) and all terms of our Proposal. | | | | | | | |
| Name of Authorized Company Representative (Type or Print):  Click or tap here to enter text. | Title:  Click or tap here to enter text. | | | Phone: Click or tap here to enter text. | | | |
| e-Mail: Click or tap here to enter text. | | | |
| Signature  Click or tap here to enter text. | Date: Click or tap here to enter text. | | Federal Employer Identification No.: Click or tap here to enter text. | | SS # if Sole Proprietor (voluntary): Click or tap here to enter text. | | |
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