ATTACHMENT G REFERENCE FORM

EMPLOYEE ASSISTANCE PROGRAM SERVICES

Please provide at least five (5) references for employee assistance program services that are similar to the size and scope of work outlined in this RFP that proposer has provided within the past three (3) years. Please use the following format in submitting the required references.

Please note: The contact person must be an employee of the reference, not the proposer or a third-party benefits management firm. The reference may be contacted anytime after the proposal due date.

Name of Agency or Company		Phono
Name of Agency or Company:		Phone:
Address:		
Project Manager/Contact:	/ Title:	
Phone:	<u>Email:</u>	
Client Since (or identify period during w	which services were provided):	
Summary of Services Provided:		
N 1 60 15 1		
Number of Covered Employees		
Number of Covered Employees:		
Number of Covered Employees:		
REFERENCE 2:		
		Phone:
REFERENCE 2:		
REFERENCE 2: Name of Agency or Company:		
REFERENCE 2: Name of Agency or Company: Address:	/ Title:	
REFERENCE 2: Name of Agency or Company: Address: Project Manager/Contact:	/ Title: Email <u>:</u>	
REFERENCE 2: Name of Agency or Company: Address: Project Manager/Contact: Phone: Client Since (or identify period during w	/ Title:Email:which services were provided):	
REFERENCE 2: Name of Agency or Company: Address: Project Manager/Contact: Phone:	/ Title:Email:which services were provided):	
REFERENCE 2: Name of Agency or Company: Address: Project Manager/Contact: Phone: Client Since (or identify period during w	/ Title:Email:which services were provided):	
REFERENCE 2: Name of Agency or Company: Address: Project Manager/Contact: Phone: Client Since (or identify period during w	/ Title:Email:which services were provided):	

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REFERENCE 3:	
Name of Agency or Company:	Phone:
Address:	
Project Manager/Contact: / Title:	
Phone: Email:	
Client Since (or identify period during which services were provided):	
Summary of Services Provided:	
	_
Number of Covered Employees:	
REFERENCE 4:	
Name of Agency or Company:	Phone:
Address:	
Project Manager/Contact: / Title:	
Phone: Email:	
Client Since (or identify period during which services were provided):	
Summary of Services Provided:	
Number of Covered Employees:	
REFERENCE 5:	
	Dl
Name of Agency or Company:	Phone:
Address: // Title:	
Project Manager/Contact: / Title:	
Phone: Email: Client Since (on identify posied during which sources were provided).	
Client Since (or identify period during which services were provided):	
Summary of Services Provided:	
Number of Covered Employees:	