

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.

REFERENCE 1:

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 2:

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: _____

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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:

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: _____