***Hawaii Employer-Union Health Benefits Trust Fund***

**SECTION V**

**Offeror Information Sheet**

Organization Name:

Contact Person’s Name Title:

Address:

Phone Number:

E-mail Address:

Fax Number:

|  |
| --- |
| **Recent Public Sector Clients Similar in Size and Project Scope** |
| **Client Name** | **Type of Plan(s) Audited** | **ContractStart Date** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Recent Non-Public Sector Clients Similar in Size and Project Scope** |
|  |  |  |
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