**Attachment 7 - Reference Information Questionnaire**

RFP No. 20-004, Benefit Plan Audit Services   
STATE OF HAWAII, DEPARTMENT OF BUDGET AND FINANCE  
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND (EUTF)

**Instructions for Reference Information Questionnaire**

OFFEROR shall provide to the EUTF at least three (3) client references for which it has provided auditing services within the past five (5) years that the EUTF may contact.

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| **Client References** | | | | | | |
| **Name of Organization** | **Contact Name and Title** | **Phone Number and Email Address** | **Number of Employees Covered at Time of Audit** | **Number of Retirees Covered at Time of Audit** | **Contract Start Date** | **Contract End Date** |
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