

ATTACHMENT 1



Department of
Civil Service

**Offeror Affirmation of Understanding and Agreement:
“Pharmacy Benefit Services for The Empire Plan, Excelsior
Plan, Student Employee Health Plan, and NYS Insurance
Fund Workers’ Compensation Prescription Drug Programs”**

As a prerequisite for participating in this Request for Proposals entitled: **“Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and NYS Insurance Fund Workers’ Compensation Prescription Drug Programs”**, an Offeror must provide the following Affirmation of Understanding and Agreement to comply with these procurement lobbying restrictions in accordance with State Finance Law §§139-j and 139-k. Attachment 1 should be completed by the Offeror and emailed and/or mailed to the Designated Contact as set forth in Section 2 of the RFP.

Offeror Affirmation and Agreement

The Offeror affirms that it understands and agrees to comply with the procedures of the Department of Civil Service relative to permissible Contacts as required by State Finance Law §139-j(3) and §139-j(6)(b). The Department’s procedures are set out in Attachment 2.

Name of
Offeror:

By:

(Signature)

Name:

Title:

Email:

Address:

Date:
