ATTACHMENT 12

As stated in Section 2 of this RFP, an Offeror is encouraged to use New York State



Offeror Name: _

New York State Subcontractors and Suppliers RFP entitled: "Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"

Address, City, State, and Zip Code	Description of Services or Supplies Provided	Estimated Value Over 1-Year Contract Period	Identify if Subcontractor and/or Supplier
			Supplies Provided Contract