ATTACHMENT 3



Formal Offer Letter RFP - entitled: Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"

[TO BE COMPLETED ON OFFEROR'S LETTERHEAD]

Date:

NYS Department of Civil Service Agency Building #1, 17th Floor Empire State Plaza Albany, New York 12239

RE: 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" Firm Offer to the State of New York

[INSERT OFFEROR NAME] hereby submits this firm and binding offer to the State of New York in response to the Department's Request for Proposals (RFP), entitled "Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs". The Proposal hereby submitted meets or exceeds all terms, conditions, and requirements set forth in the above-referenced RFP and in the manner set forth in this RFP.

[INSERT OFFEROR NAME] accepts the terms and conditions as set forth in this RFP, Standard Clauses for New York State Contracts (Appendix A), Standard Clauses for All Department Contracts (Appendix B), General Specifications (Appendix B-1, Exclusive to NYSIF), Contract Provisions (Appendix B-2, Exclusive to NYSIF), NYSIF Vendor Security Survey (Appendix B-3), Information Security Requirements (Appendix C, Exclusive to DCS), and Participation by Minority and Women-Owned Business Enterprises: Requirements and Procedures (NYSIF) (Appendix D).

[INSERT OFFEROR NAME] agrees to execute two separate Contracts that includes the terms and conditions set forth in the RFP, and accepts as non-negotiable the terms and conditions set forth in Standard Clauses for New York State Contracts (Appendix A), Standard Clauses for All Department Contracts (Appendix B), General Specifications (Appendix B-1, Exclusive to NYSIF), Contract Provisions (Appendix B-2, Exclusive to NYSIF), NYSIF Vendor Security Survey (Appendix B-3), Information Security Requirements (Appendix C, Exclusive to DCS), and Participation by Minority and Women-Owned Business Enterprises: Requirements and Procedures (NYSIF) (Appendix D) except as modified by the Department and Offeror's negotiations in response to the Non-Material Deviations Template (Attachment 8).

[INSERT OFFEROR NAME] further agrees, if selected as a result of the RFP, to comply with 1) the provisions of Tax Law Section 5-a, Certification Regarding Sales and Compensating Use Tax; and 2) the Workers' Compensation Law as set forth in Section 4.5 and 4.6 of the RFP.

This formal offer will remain firm and non-revocable for a minimum period of 180 days from the Page 1 of 3

ATTACHMENT 3



Formal Offer Letter RFP entitled: Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"

Proposal Due Date as set forth in the RFP. In the event that the contracts are not approved by the NYS Comptroller within the 180-day period, this offer shall remain firm and binding beyond the 180-day period until a contract is approved by the NYS Comptroller, unless **[INSERT OFFEROR NAME]** delivers to the Department of Civil Service written notice withdrawing its Proposal.

[INSERT OFFEROR NAME]'s complete offer is set forth as follows:

Administrative and Technical Proposal:

Total of fifteen (15) electronic copies on a USB drive that each contain the Administrative and Technical Proposal and fifteen (15) hard copy volumes, in addition to one ORIGINAL hard copy.

Financial Proposal:

Total of fifteen (15) electronic copies on a USB drive and fifteen (15) hard copy volumes, in addition to one ORIGINAL hard copy.

Offeror's Senior Officer Responsible for Account contact information

Complete Electronic Master Proposal:

One (1) USB drive containing all three sections (Administrative, Technical AND Financial) of the Offeror's Proposal and electronic copies of all materials and documents present in the Original hard copies.

Name: Address: Phone number: Email address:

(Remainder of this page intentionally left blank)

ATTACHMENT 3



Formal Offer Letter RFP entitled: Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"

The undersigned affirms and swears s/he has the legal authority and capacity to sign and make this offer on behalf of, [INSERT OFFEROR NAME] and possesses the legal authority and capacity to act on behalf of [INSERT OFFEROR NAME] to execute a contract with the State of New York.

The Offeror certifies that all information provided to the Department with respect to State Finance Law §139-k is complete, true and accurate. The undersigned affirms and swears as to the truth and veracity of all documents included in this offer.

[INSERT OFFEROR NAME]

Signature:	Title:
PRINT SIGNATORY'S NAME:	Date:
INDIVIDUAL, CORPORATION, PARTNERS	SHIP, OR LLC ACKNOWLEDGMENT
COUNTY OF }	Sworn Statement:
	in the year 20, before me personally appeared, known to me to be the person who executed the foregoing d depose and say that _he maintains an office at
Town of	
County of	, State of; and further that:
(If an individual): _he executed the fo	oregoing instrument in his/her name and on his/her own behalf.
Board of Directors of said corporation, _he is for purposes set forth therein; and that, purs and on behalf of said corporation as the act	of, the corporation described in said instrument; that, by authority of the s authorized to execute the foregoing instrument on behalf of the corporation suant to that authority, _he executed the foregoing instrument in the name of and deed of said corporation.
(If a partnership): he is the	of
partnership, he is authorized to execute the	of of of, the partnership described in said instrument; that, by the terms of said e foregoing instrument on behalf of the partnership for purposes set forth _he executed the foregoing instrument in the name of and on behalf of said nership.
is authorized to execute the foregoing instru	s a duly authorized member of, LLC, the limited liability company described in said instrument; that, _he iment on behalf of the limited liability company for purposes set forth therein; ecuted the foregoing instrument in the name of and on behalf of said limited d limited liability company.
Notary Public	
,	