ATTACHMENT 4



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

Offeror Name: _	 	
Email address:	 	

RFP Page #	Section Reference	Question
	RFP Page #	RFP Section Reference

An Offeror is required to use the **Questions Template** table above when submitting questions. Offeror's questions must be submitted to Designated Contact specified in Section 2 of this RFP.