Exhibit I.K – Offeror's Affirmation of Understanding and Agreement

Part 1 of this Exhibit I.K, as contained on the following page, should be completed by the Offeror and emailed, faxed and/or mailed to the Pharmacy Benefit Services Procurement Manager as set forth in RFP, Section II.A.2.b.

Part 2 of this Exhibit I.K should, prior to initiating any contact with the Department, be completed for each Offeror officer, employee, agent or consultant retained, employed or designated, by or on behalf of the Offeror to appear before or contact the Department in regards to this Procurement and submit it to the Pharmacy Benefit Services Procurement Manager specified in this RFP, Section II.A.2.b.

Exhibit I.K – Offeror's Affirmation of Understanding and Agreement

Part 1

Offeror's Affirmation of Understanding and Agreement

Instructions:
Pursuant to State Finance Law §§139-j and 139-k, this solicitation imposes certain procurement lobbying limitations. Offerors are restricted from making contacts during the procurement's "Restricted Period" (from the earliest written notice, advertisement or solicitation of a request for proposal, invitation for bids, or solicitation of proposals, or any other method for soliciting a response from Offerors intending to result in a procurement contract with a governmental entity and ending with the final contract award and approval by the governmental entity and, where applicable, approval by the State Comptroller) to other than designated staff, unless the contact falls within certain statutory exceptions ("permissible contacts"). the Department's employees are required to obtain certain information from Offerors and others whenever there is a contact about the procurement during the Restricted Period, and are required to make a determination of the Offeror's responsibility that addresses the Offeror's compliance with the statutes' requirements. Findings of non-responsibility result in rejection for contract award, and if an Offeror is subject to two non-responsibility findings within four years the Offeror also will be determined ineligible to submit a proposal on or be awarded a contract for four years from the date of the second non-responsibility finding.
Further information about these requirements can be found at:
http://www.ogs.ny.gov/aboutOGS/regulations/defaultAdvisoryCouncil.html.

As a prerequisite for participating in this procurement, 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.

Offeror Affirmation and Agreement

The Offeror affirms that it understands the procurement lobbying requirements set forth in State Finance Law §§139-j and 139-k, and agrees to comply with the Department's procedures regarding permissible contacts as required thereby.

Name of Offeror:	**OptumRx, Inc.** [redacted]
By:	[redacted] (Signature)
Name:	**John Prince**
Title:	**CEO**
Address:	**1600 McConnor Parkway**
	Schaumburg, IL 60173-6801
Date:	**July 9, 2018**

Exhibit I.K – Offeror's Affirmation of Understanding and Agreement

Part 2

Offeror Designated Contact	
First Name	Michael
Last Name	Maguire
Company Name	OptumRx, Inc.
Company Address:	
Street Address	1600 McConnor Parkway
City	Schaumburg
State	IL
Zip	60173-6801
Individual's Business Telephone # (xxx) xxx-xxxx	(917) 921-7039
Principal Place of Business (1)	Rumson, NJ
Individual's Occupation	Public Sector Sales

(1) Enter the location of the individual's Principal Place of Business (e.g. Albany, NY)

Offeror Designated Contact	
First Name	Steven
Last Name	Smith
Company Name	OptumRx, Inc.
Company Address:	
Street Address	1600 McConnor Parkway
City	Schaumburg
State	IL
Zip	60173-6801
Individual's Business Telephone # (xxx) xxx-xxxx	(704) 206-9567
Principal Place of Business (1)	Huntersville, NC
Individual's Occupation	Public Sector Sales

(1) Enter the location of the individual's Principal Place of Business (e.g. Albany, NY)

Offeror Designated Contact	
First Name	Jaclyn
Last Name	Frigaard
Company Name	OptumRx, Inc.
Company Address:	
Street Address	1600 McConnor Parkway
City	Schaumburg
State	IL
Zip	60173-6801
Individual's Business Telephone # (xxx) xxx-xxxx	(763) 300-8225
Principal Place of Business (1)	Eden Prairie, MN
Individual's Occupation	Public Sector Sales

(1) Enter the location of the individual's Principal Place of Business (e.g. Albany, NY)

Exhibit I.K – Offeror's Affirmation of Understanding and Agreement

Complete the table above for each Offeror officer, employee, agent or consultant retained, employed or designated, by or on behalf of the Offeror to appear before or contact the Department in regards to this Procurement, prior to the individual initiating any contact with the Department, and submit it to the Pharmacy Benefit Services Procurement Manager specified in Section II.A.2.b. of this RFP.