



Department of
Civil Service

Notice of Intent
“Health Maintenance Organizations
Specifications for the NYSHIP”

Offeror Name: _____

Date: _____

With regard to these Specifications, (check one of the following boxes applicable):

- ☐ We **ARE INTERESTED & MAY** submit a response.
- ☐ We **ARE NOT INTERESTED & WILL NOT** be submitting a response because:

Name of Procurement Contact at Offeror: _____

Title: _____

Address: _____

Email Address: _____

Name of E-Page Contact at Offeror: _____

Title: _____

Address: _____

Email Address: _____

The completed form must be emailed to the Designated Contact as set forth in Section 2.1(1) of the Specifications.