

ATTACHMENT 4



Department of  
Civil Service

**QUESTIONS TEMPLATE - RFP ENTITLED:  
"New York State Health Insurance  
Program Banking Services"**

Offeror Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Question Number	RFP Page #	Section Reference	Question

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.