


EXHIBIT 8

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|  <b>Department of<br/>Civil Service</b> | <b>Sample Quarterly<br/>Performance Report</b><br>IFB entitled:<br>"Employee Benefit Card" |
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New York State Employee Benefit Card - Contractor  
EBC Mailing and Report Distribution

Empire Plan:

| Run # | Process Date | EBC Mail Date | # of Cards | Card Detail Report Date | Card Summary Report Date | Guarantee Met (Y/N) | # Days Late/Credit Amount |
|-------|--------------|---------------|------------|-------------------------|--------------------------|---------------------|---------------------------|
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