

**Exhibit I.V - Program References**

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**Reference #:** \_\_\_\_\_

**Current or Former Customer?:** \_\_\_\_\_

Abstract	
Customer For Whom Services Were Performed: _____	
Number of covered Lives: _____	
Customer Address: _____ _____ _____	
Program Description: (The Offeror should submit specific details concerning the program identified in satisfaction of the requirements in IFB, Section III.E. This information should be provided as an attachment to this form and the information provided should support the Offeror's assertion that it can successfully implement and administer programs of the scope and complexity as set forth in this IFB# EBC-2014-1.)	
Program Contact References: (Required And Will Be Verified) (Attach 2 current and 1 former client reference)	
Contact Name: _____	Contact Title: _____
Phone Number: _____	E-Mail Address: _____
Contact Name: _____	Contact Title: _____
Phone Number: _____	E-Mail Address: _____

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