

**Exhibit I.U.1 - Key Subcontractors or Affiliates**

The HMO must complete and submit this Exhibit as part of its Submission. A separate form should be completed for each Key Subcontractor or Affiliate, if any. If the HMO will not be subcontracting with any Key Subcontractor(s) or Affiliate(s) to provide any of the services required under the Specifications, the HMO must complete and submit a single Exhibit I.U.1 to that affect.

<b>INSTRUCTION: Prepare this form for each Key Subcontractor or Affiliate</b>	
<b>HMO's Name:</b>	
<p>The HMO:</p> <p><input type="checkbox"/> is  <input type="checkbox"/> is not          proposing to utilize the services of a Key Subcontractor(s) or Affiliate(s) to provide Program Services</p> <p><input type="checkbox"/> is  <input type="checkbox"/> is not          proposing to utilize the services of a subcontractor(s) to provide Program Services totaling \$100,000 or more during the term of the 5 year agreement</p>	
<b>Subcontractor's Legal Name:</b>	
<b>Business Address:</b>	
<b>Subcontractor's Legal Form:</b>	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____
<p>As of the date of the HMO's Submission, a subcontract</p> <p><input type="checkbox"/> has  <input type="checkbox"/> has not          been executed between the HMO and the subcontractor(s) for services to be provided by such subcontractor(s) relating to HMO Program Services.</p>	
<p>In the space provided below, describe the Key Subcontractor's or Affiliate's role(s) and responsibilities regarding Program Services to be provided.</p>	
<p><b>Relationship between HMO and Key Subcontractor or Affiliate for Current Engagements:</b>          (Complete items 1 through 5 for each client engagement identified)</p>	
1. Client:	
2. Client Reference Name and Phone #	
3. Program Title:	
4. Program Start Date:	
5. In the space provided below, Program Status:	
6. In the space provided below, describe the roles and responsibilities of the HMO and subcontractor in regard to the program identified in 3, above:	