

ATTACHMENT 28



Department of  
Civil Service

**Notice of Intent –  
“Health Maintenance Organizations  
Specifications for the New York State Health  
Insurance Program”**

**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 RFP.