ATTACHMENT 4

NEW YORK STATE OF OPPORTUNITY. Department of Civil Service	**Questions Template - "Health Maintenance Organizations Specifications for the New York State Health Insurance Program"**

Offeror Name: _____

Email address: _____

Question Number	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 the specifications.