

Exhibit I.V - Program References

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 RFP, 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 RFP.)
Program Contact References: (Required And Will Be Verified) (Attach Additional References If Desired)
Contact Name: _____ Contact Title: _____
Phone Number: _____ E-Mail Address: _____
Contact Name: _____ Contact Title: _____
Phone Number: _____ E-Mail Address: _____