

**Exhibit I.J – Notice of Bidding Intention Form**

---

**NYS Department of Civil Service  
RFP No. RX-2017-1  
entitled**

**“Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan,  
and New York State Insurance Fund Prescription Drug Programs”**

Notice of Bidding Intention Form

---

(Please PRINT Firm's Name Above)

With regard to this RFP, (check one of the following boxes applicable):

- We **ARE INTERESTED & MAY** submit a bid response.
- We **ARE NOT INTERESTED & WILL NOT** be submitting a bid response because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Contact at Firm

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email Address

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Complete the tables above and submit it to the Pharmacy Benefit Services Procurement Manager specified in this RFP, Section II.A.2.b. The completed table may be emailed, faxed and/or mailed (see addresses provided in this RFP, Section II.A.2.b.).