

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

**CONFIDENTIAL AGREEMENT AND CERTIFICATE OF NON-DISCLOSURE**

**This Exhibit MUST be filled out by all Offerors and Key Subcontractors**

**THIS AGREEMENT** is between the New York State Department of Civil Service (DCS) and the New York State Insurance Fund (NYSIF), jointly referred to herewith as the Procuring Agencies, their successors and assigns, acting on behalf of the State of New York, and having their principal places of business at: DCS; NYS Department of Civil Service, Albany, New York 12239 / NYSIF; 199 Church Street, New York, New York 10007 , and

\_\_\_\_\_ (Respondent), its successors and assigns, having its principal place of business at:

\_\_\_\_\_.

\_\_\_\_\_ being duly sworn, deposes and says that he/she is \_\_\_\_\_  
 (Print or type full name) (Title or Capacity)

of \_\_\_\_\_, the firm that executed this instrument and that he/she is authorized by said  
 (Name of firm)

firm to execute this instrument, and further, in consideration of release of the paid claims and Network Pharmacy data by DCS and NYSIF, the firm hereby agrees that any information pertaining to the Programs and their documentation, including the information contained on the paid claims and Network Pharmacy data as referenced in the Request for Proposals entitled, Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and New York State Insurance Fund Workers' Compensation Prescription Drug Programs, which has been or may be supplied to or obtained by the firm, its officers, agents and employees, based upon the representations made above in relation to the procurement of a Contractor to administer the Programs under New York State Civil Service Law, Article XI, and New York State Workers' Compensation Law, is confidential and may not be used for any purpose other than the formulation of a good faith offer for said procurement, and that any other use, release or dissemination to any party, of any such confidential information, without the prior written consent of Procuring Agencies, shall constitute a breach of this Confidentiality Agreement and Statement of Non-Disclosure and may result in disqualification of the firm from said procurement, or the imposition of other sanctions as determined by the Procuring Agencies or as required by the State of New York or by law.

The firm further acknowledges that access to the paid claims and Network Pharmacy information (Programs data) is subject to the following warranty disclaimer by the Procuring Agencies: all paid claims and Network Pharmacy information supplied for the Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and New York State Insurance Fund Workers' Compensation Prescription Drug Programs Request for Proposal contain information provided by the current insurers/administrators which has not been audited by the Procuring Agencies and are provided on an "as is" basis. For purposes of the Programs data, any interested Offeror's or Offerors' use of the Programs data, or the results of any interested Offeror's or Offerors' use of the Programs data, the Procuring Agencies and State of New York make no warranties, guarantees or representations of any kind expressed or implied, or arising by custom or trade usage, as to any matter whatsoever, without limitation, and specifically make no implied warranty of fitness for any particular purpose or use, including but not limited to adequacy, accuracy, completeness or conformity to any representation, description, sample or model.

Please complete to receive paid claims and Network Pharmacy data			
Designated Information Technology (IT) Contact Information		Alternate Contact Information	
Contact Name:		Contact Name:	
Address:		Address:	
Phone Number:		Phone Number:	
Fax:		Fax:	
E-Mail:		E-Mail:	

**Designated Information Technology (IT) Contact Information** (this individual will be contacted by the Procuring Agencies to arrange secure delivery of the paid claims and Network Pharmacy data)

