

ATTACHMENT 1



Department of
Civil Service

Offeror Affirmation of Understanding and Agreement

As a prerequisite for participating in these specifications entitled: "**Health Maintenance Organizations Specifications for the New York State Health Insurance Program**", an Offeror must provide the following Affirmation of Understanding and Agreement to comply with these procurement lobbying restrictions in accordance with State Finance Law §§139-j and 139-k. Attachment 1 should be completed by the Offeror and emailed, faxed and/or mailed to the Designated Contact as set forth in Section 2.

Offeror Affirmation and Agreement

The Offeror affirms that it understands and agrees to comply with the procedures of the Department of Civil Service relative to permissible Contacts as required by State Finance Law §139-j(3) and §139-j(6)(b). The Department's procedures are set out in Attachment 2.

Name of
Offeror:

Capital District Physicians Health Plan

By:

[Redacted Signature]

(Signature)

Name:

Tamara Marziani

Title:

manager, Alternate funding

Email:

tamara.marziani@cdphp.com

Address:

500 Putnam Creek Blvd

Albany ny 12206

Date:

7/1/2020