

INSTRUCTION: Prepare this form for each Subcontractor or Affiliate. For purposes of completing this form, Subcontractors include all vendors who will provide \$100,000 or more in Project Services over the term of the Agreement that results from these Specifications, as well as any vendor who will provide Project Services in an amount lower than the \$100,000 threshold, and who is a part of the Offeror's account team.				
Offeror's Name:				
The Offeror: is is not proposing to utilize the services of a Subcontractor(s) or Affiliate(s) to provide Project Services				
Subcontractor or Affiliate's				
Legal Name:				
Business Address:				
Subcontractor's Legal Corporation Partnership Sole Proprietorship				
Form: Other				
As of the date of the Offeror's Proposal, a subcontract or agreement has has not been executed between the Offeror and the subcontractor(s) or Affiliate for services to be provided by such subcontractor(s) or Affiliate(s) relating to the Project.				
In the space provided below, describe the Subcontractor's or Affiliate's role(s) and responsibilities regarding Project Services to be provided:				
Relationship between Offeror and Subcontractor or Affiliate for Current Engagements: (Complete items 1 through 5 for each client engagement identified)				
1. Client:				
2. Client Reference Name and Phone #				
3. Project Title:				
4. Project Start Date:				
5. In the space provided below, Project Status:	5. In the space provided below, Project Status:			
6. In the space provided below, describe the roles and responsibilities of the Offeror and				



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Offeror's Name:			
The Offeror: is is not proposing to utilize the services of a Subcontractor(s) or Affiliate(s) to provide Project Services	t		
Subcontractor or Affiliate's Legal Name: Business Address:			
Subcontractor's Legal       Corporation Partnership Sole Proprietorship         Form:       Other			
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1. Client:         2. Client Reference Name         and Phone #			
3. Project Title:			
4. Project Start Date:			
5. In the space provided below, Project Status:			
<ul> <li>6. In the space provided below, describe the roles and responsibilities of the Offeror and Subcontractor or Affiliate in regard to the project identified in 3, above:</li> </ul>			



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Subcontractor or Affiliate's Legal Name:			
Business Address:			
Subcontractor's Legal	Corporation Partnership Sole Proprietorship		
Form:	Other		
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Legal Name:			
Business Address:			
Subcontractor's Legal Form:	Corporation Partnership Sole Proprietorship Other		
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Subcontractor's Legal Form:	Corporation Partnership Sole Proprietorship		
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Subcontractors or Affiliates - "Health Maintenance Organizations Specifications for the New York State Health Insurance Program"

INSTRUCTION: Complete the following chart listing any Subcontractors or Affiliates the HMO will employ to deliver a category of services to NYSHIP enrollees. A Subcontractor or Affiliate is a vendor with whom the HMO subcontracts to provide Program Services and incorporates as a part of the HMOs Program Team. If service is performed in-house by Contractor, indicate "self-administered" in appropriate column.

Type of Service	Name of Organization	Contract Term and Renewal Dates	Description of Subcontracted Services
	-		
	-		
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Utilization Management Key Subcontractors				
Type of	Key	Contract Terms	Description of Subcontracted	
Service	Subcontractors	and Renewal	Services	
		Dates		
-				
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