

ATTACHMENT 9



**Department of  
Civil Service**

**Subcontractors or Affiliates - "Health  
Maintenance Organizations Specifications for  
the New York State Health Insurance Program"**

**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  
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 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  
Form:**

Corporation  Partnership  Sole Proprietorship  
 Other

As of the date of the Offeror's Proposal, a subcontract or agreement

has  
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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:

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:



Department of Civil Service

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Utilization Management Key Subcontractors			
Type of Service	Key Subcontractors	Contract Terms and Renewal Dates	Description of Subcontracted Services
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]