DFS 01 - C000448 - 3500000 Reporting Code: CD

FORM A

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term

State Agency Name: NYS Dept. of Financial Services

Agency Code: 37000

Contractor Name:

Contract #:

Contract Start Date: /*/

Contract End Date: //

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Subcontractor- Irvin L Muszynski, JD			
American Psychiatric Association	2	296	\$59,280
Subcontractor-Timothy Clement	1	195	\$39,000
Subcontractor-Henry T, Harbin, MD	1	25	\$6,500
Subcontractor- Glenn Martin,MD			
Seth Vivek MD and Barry Perlman MD			
New York State Psychiatric Association	4	143	\$28,500
Milliman	4	365	\$166,625
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T-1-1-1-1	12	1,024	\$299,905
Total this page Grand Total	12	1,024	\$299,905

Name of person who prepared this report: Stephen	8. Nolok
Title: Principal & Consulting Actuary	Phone #: 303/672-9093
Preparer's Signature: Date Prepared: // Spher P. Melik	
Date Prepared: // Sphen Metak	11/20/17