

CONTRACTOR DISCLOSURE FORM A

AC 271-S (Effective 4/12)

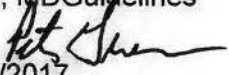
**New York State Consultant Services
Contractor's Planned Employment**

From Contract Start Date Through the End of the Contract Term

State Agency Name: NYS Workers' Compensation Board
 State Agency Department ID: 3560000
 Agency Business Unit: WCB01
 Contractor Name: Reed Group
 Contract Start Date: 11/15/2017

Contract Number:
C140371
Contract End Date: 11/15/2020

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
15-1199.03 Web Administrators	2	580	\$58,000.00
29-1069.00 Physicians and Surgeons, All Other	5	780	\$117,000.00
Total this page	7	1,360	\$ 175,000.00
Grand Total	7	1,360	\$175,000.00

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 Date Prepared: 11/15/2017

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Use additional pages if necessary