

CONTRACTOR DISCLOSURE FORM A

AC 271-5 (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: NCAComp, Inc
 Contract Start Date: *OSC approval* Contract End Date: *7 years*
 Contract Number: C140378

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
13-1031.02	26	303680	13,911,872
Total this page	26	303680	13911872
Grand Total	26	303680	13911872

Name of person who prepared this report: Erin Jordan
 Title: CEO
 Preparer's Signature: *Erin Jordan*
 Date Prepared: 7/23/2018

Phone #: 716-842-0045

Use additional pages if necessary