

AC 3271-S (Effective 4/12)

**FORM A**

**New York State Consultant Services  
Contractor's Planned Employment**  
From Contract Start Date Through the End of the Contract Term


State Agency Name: Governor's Office of Employee Relations  
 State Agency Department ID: 1120000 Agency Business Unit: OER01  
 Contractor Name: Edenred Commuter Benefit Solutions, LLC Contract Number: C20002  
 Contract Start Date: 03/01/2021 Contract End Date: 12/31/2024

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Employee enrollment and Customer Service	12.00	0.00	\$595,000.00
Benefits Distribution and Fulfillment	4.00	0.00	\$189,600.00
Payroll Interface, Relationship Manager and Reporting	5.00	0.00	\$306,999.00
Marketing	2.00	0.00	\$76,000.00
Compliance and Information Security	2.00	0.00	\$62,500.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	25.00	0.00	\$1,230,099.00
<b>Grand Total</b>	25.00		\$1,230,099.00

Name of person who prepared this report: Dharmesh Parikh

Title: VP of Finance

Phone #: 857-228-1410

Preparer's Signature: 

Date Prepared: 02/17/2021