

FORM A

CUB

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

State Agency Name: Office of the State Comptroller	
State Agency Department ID: 3050000	Agency Business Unit: OSC01
Contractor Name: National Claim Evaluations, Inc.	Contract Number: C180001
Contract Start Date: / /	Contract End Date: / /

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1069.00 Physicians and Surgeons, All Other	2000	833	1,250,000
11-1021.00 General and Operations Managers	10	5000	250,000
Total this page	2010	5833	\$1,500,000
Grand Total	2010	5833	\$1,500,000

Name of person who prepared this report: Amanda M. Orlowski
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 Date Prepared: 11/14/2018
 (Use additional pages, if necessary)

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