

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: Michigan Peer Review Organization (dba iMPROve Health) Contract Number:
 Contract Start Date: 09/01/2025 Contract End Date: 08/31/2030

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Medical Director	1	2000	\$150,000
Director	1	1750	\$50,000
Manager	1	3500	\$50,000
Reviewer	5	10000	\$400,000
Project Specialist	2	1000	\$50,000
Total this page	10	18250	\$ 700,000.00
Grand Total			

Name of person who prepared this report: Amanda Weted
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 Preparer's Signature: *Amanda Weted*
 Date Prepared: 09/15/2025

Use additional pages if necessary