

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: Office of the State Comptroller
 State Agency Department ID: 3050000 Agency Business Unit: OSC01
 Contractor Name: *National Claim Evaluators* Contract Number:
 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	9	4500	250,000
Total this page	0	0	\$ 0.00
Grand Total	2009	5333	1,500,000

Name of person who prepared this report: *Beth Reszelbach*
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 Preparer's Signature: *Beth Reszelbach*
 Date Prepared: *11/3/22*
 (Use additional pages, if necessary) Page *1* of *1*