

ATTACHMENT 4



Department of
Civil Service

Questions Template - RFP entitled: “Pharmacy Benefit Services for The Empire Plan, Student Employee Health Plan, and NYS Insurance Fund Workers’ Compensation Prescription Drug Programs”

Offeror Name: _____

Email address: _____

Question Number	RFP Page #	Section Reference	Question

An Offeror is required to use the **Questions Template** table above when submitting questions. Offeror’s questions must be submitted to Designated Contact specified in Section 2 of this RFP.