## 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: SAFE, LLC

Contract Number:

C140377

Contract Start Date: OSCapproral

Contract End Date: 7 years

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
13-1031.00 Claims Adjusters/Supervisors	16	33,280	1,250,000
43-3021 02 Medical Bill Processor	2	4,160	
43-6014 00 Clerical Staff	2	4,160	4 400
11-1021.00 VP of Operations	1	1,040	
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Total this page	21	42,640	\$1,250,000
Grand Total	21	42,640	\$1,250,000

Name of person who prepared this report: Gina Emerson

Title: Managing Partner

Preparer's Signature.

Date Prepared: 07/23/2018

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Use additional pages if necessary

Page 1 of 1