

**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: FCS Administrators, Inc.  
 Contract Start Date: *OSC appr.*      Contract End Date: *7 years*

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
13-1031.01 Claims Examiners, P&C	5	10,400 annually	\$187,200 annually
43-9041.01 Insurance Claims Clerks	1	2,080 annually	\$31,200 annually
<b>Total this page</b>	<b>6</b>	<b>12,480/yr</b>	<b>\$ 218,400/yr.</b>
<b>Grand Total</b>	<b>6</b>	<b>12,480/yr</b>	<b>\$ 218,400/yr.</b>

Name of person who prepared this report: Kathleen M. Camp  
 Title: President      Phone #: (716) 650-2720  
 Preparer's Signature: *Kathleen M. Camp*  
 Date Prepared: *7/20/18*

Use additional pages if necessary