

**RFP C140397 – Workers’ Compensation On-Call Performance and Operational Claims
Review Services
Attachment 14 – Consultant Disclosure**

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: KBM Management, Inc. Contract Number: C140402
 Contract Start Date: 12/01/2020 Contract End Date: 11/30/2023

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
13-1111.00	5	1470	249,900
Total this page	0	0	\$ 249,900
Grand Total			249,900

Name of person who prepared this report: Andrew Miller
 Title: President

Phone #: 315-449-0229

Preparer's Signature: 
 Date Prepared: 12/04/2020