

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: Medical Evaluation Specialists, LLC **Contract Number: C210003**
Contract Start Date: 4/1/2022 **Contract End Date: 3/31/2027**

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1069.00 Physicians and Surgeons, All other	2616	1500	\$1,125,000
Administrative Staff/Managers	12	1500	\$375,000
Total this page	0	0	\$ 0.00
Grand Total	2628	1500	\$1,500,000.00

Name of person who prepared this report: Jim Irwin
 Title: National Account Manager
 Preparer's Signature: *Jim Irwin*
 Date Prepared: 3/2/2022
 (Use additional pages, if necessary)


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