

**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: Oliver Wyman Actuarial Consulting, Inc. C140401  
 Contract Start Date: 07/01/2020 Contract Number: C140401  
 Contract End Date: 06/30/20203

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
15-2011.00	12	862	\$300,000
Total this page	12	862	\$300,000.00
<b>Grand Total</b>	12	862	\$300,000.00

Name of person who prepared this report:

Title: *Partner*  
 Preparer's Signature: *Laura Zeyer*  
 Date Prepared: *6/30/2020*

Phone #: *631-577-0548*  
*516-532-2211*  
*(mobile)*

Use additional pages if necessary