**ATTACHMENT E**

**SUBCONTRACTOR INFORMATION**

**Proposer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RFP: ETG0005 – Third Party Administration of Wellness and Disease Management Programs**

**Provide a list of all Proposer subcontractors, consultants and suppliers (including Proposer subsidiaries) that will provide services, products, content, work and supplies as part of the Services described in Proposer’s Proposal for the RFP listed above. Complete, sign and return this form with the Proposer’s Proposal. The Proposer will be required to update this list after the Contract start date.**

|  |  |  |
| --- | --- | --- |
| **Name of Subcontractor/Consultant/Supplier** | **Address** | **Work/Service/Product/Content to be Performed/Supplied** |
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Add additional pages as necessary.

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| Proposer Name: |       |
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| Authorized Printed Name |  |  |
|  |  |  |
|  |  |       |
| Authorized Signature |  | Date |