

**DEPARTMENT OF FINANCIAL SERVICES
Contract Signature Page**

Contract Title Pharmacy Benefit Management Services	P.O. No. or Solicitation No., if any 2122-02 ITN RM	Contract Number
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1. This Contract is entered into between the Department of Financial Services and the Contractor named below:

The Department of Financial Services, 200 East Gaines Street, Tallahassee, FL 32399 (hereinafter called the "Department")

[Contractor's Name, address] (hereinafter called the "Contractor")

2. Contract to Begin: December 20, 2021 ("Effective Date")	Date of Completion:	Renewals:
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3. Performance Bond, if any: N/A	Other Bonds, if any: N/A
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4. Total Value for Contract Term: TBD	Total Value of Renewal(s): TBD	Total Value of Contract Term Plus Renewal(s): TBD
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5. Department's Contract Manager	Contractor's Contract Manager
Name: Candice Janes	Name:
Address: 200 East Gaines Street, Tallahassee, FL 32399	Address:
Phone: 850-413-4827	Phone:

6. The parties agree to comply with the terms and conditions of the following attachments which are hereby incorporated by reference:

Attachment 1: Standard Terms and Conditions
Attachment 2: Statement of Work, including its Exhibit A
Attachment 3: Price Response
Attachment 4: PUR 1000

7. The parties agree to comply with the terms and conditions of the following addenda which are hereby incorporated by reference:

Addendum A: Public Records Requirements
Addendum B: Data Security Requirements
Addendum C: Relevant Portions of Contractor's Response

IN WITNESS WHEREOF, this Contract is being executed by the parties and will begin on the Effective Date.

8.

CONTRACTOR

Contractor's Name *(if other than individual, state whether corporation, partnership, etc.)*

By <i>(Authorized Signature)</i>	Date Signed
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Printed Name and Title of Person Signing

9. Department of Financial Services **DEPARTMENT**

By <i>(Authorized Signature)</i>	Date Signed
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Printed Name and Title of Person Signing