

PARTICIPATING MEMBER DESIGNATION FORM

VENDOR: Bluemark, LLC

Contract Number: 1155

PRODUCT CATEGORY: Medicaid Eligibility Automation System

The undersigned Participating Member hereby engages Vendor to provide Medicaid eligibility automation system services pursuant to the terms and conditions of this Participating Member Designation Form ("PMDF"), and the above-referenced Group Purchasing Agreement – Medicaid Eligibility Automation System Services entered into between CCLC Solutions, Inc. and Vendor, as the same may be amended and modified from time-to-time (the "GPO Agreement"). Capitalized terms not defined herein shall have the meaning set forth in the GPO Agreement.

- 1. Pricing and Term:** Subject to the conditions set forth herein and in the GPO Agreement, the undersigned Participating Member and its Owned and Affiliate Facilities set forth on Schedule 1 attached hereto ("Facilities") shall be entitled to the GPO Agreement pricing and terms.
- 2. Miscellaneous:** Pursuant to the terms of the GPO Agreement, Vendor shall pay CCLC Solutions Administrative Fees on Participating Member's net purchases.

The undersigned Participating Member hereby acknowledges and confirms the above designations.

GPO Member	Vendor
Print Name of Person Signing _____	Print Name of Person Signing _____
Signature _____	Signature _____
Title of Person Signing _____	Title of Person Signing _____
Date Signed _____	Date Signed _____

Upon completion, please submit this form to both Vendor and CCLC Solutions.

Vendor Information –
Email: davidb@bluemark.net

CCLC Solutions –
Email: cclcsolutions@cclcnyc.org

SCHEDULE 1

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LIST OF PARTICIPATING MEMBER AND ITS OWNED AND AFFILIATED FACILITIES

(For Purposes of Implementing the Aggregation Pricing Option)

[TO BE COMPLETED BY THE PARTICIPATING MEMBER OR GPO
AND UPDATED ON AN ANNUAL BASIS]

Top or Direct Parent name: _____

Participating Facility Name	Address	City	ST	Phone Number	Contact Name