

ATTACHMENT M - IMMIGRATION AND SECURITY FORM (CONTRACTOR AFFIDAVIT)

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A. § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

- a) The Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program;
- b) The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;
- c) The Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;
- d) The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract;
- e) The Contractor will contract for the performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the Contractor with the information required by O.C.G.A. § 13-10-91(a), (b), and (c);
- f) The Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10-91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and
- g) Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

694332

Federal Work Authorization User Identification Number

NorthStar HealthCare Consulting

Name of Contractor

Georgia Department of Community Health

Name of Public Employer

July 19, 2013

Date of Authorization

41900-DCH0000136-
Pharmacy Benefit Services

Name of Project

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on April 19, 2024 in ALPHARETTA (city), GA (state).


Signature of Authorized Officer or Agent

MATT REED OPERATIONS MANAGER
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE 19 DAY OF April, 2024.


NOTARY PUBLIC
My Commission Expires: November 2, 2024

