

SIGNATURE ATTESTATION

I understand that by signing and dating this form, I am acknowledging that I am an authorized representative of the above named organization and that I am the contracting official associated with the user ID used to log on to the Health Plan Management System (HPMS) to sign the 2014 Medicare contracting documents. I also acknowledge that in accordance with the HPMS Rule of Behavior, sharing user IDs is strictly prohibited.

This document has been electronically signed by:

<<CONTRACTING_OFFICIAL_NAME >>

Contracting Official Name

<<DATE STAMP>>

Date

<<CONTRACT_NAME>>

Organization

<<ADDRESS>>

Address

<<CONTRACT_ID>>