

## SIGNATURE ATTESTATION

**Contract ID:** <CONTRACT ID>  
**Contract Name:** <CONTRACT NAME>

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 2023 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