

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 2024 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