

Attachment A - Modified Certification for Revised Compensation Schedule(s)

2009 Compensation Certification

Organization Name: _____

Certification Date: _____

CMS Contract Number(s): _____

I have examined the revised compensation structure(s) described herein and attest that the attached schedule accurately represents revised compensation structure(s) based on the allowed amounts outlined in the July 31, 2009, letter from Teresa L. DeCaro regarding Revised guidance on 2009 Medicare Advantage and Prescription Drug Program Agent and Broker Compensation Refinements. Furthermore, any schedules previously submitted to CMS that are within the established amounts have not been modified.

I attest that for any compensation schedules applicable to plans offered by my organization that include service areas across State boundaries, that the compensation amount paid to agent and brokers will not exceed the allowed amounts applicable to each State as specified in the same notice, even if the revised schedule submitted to CMS reflects the highest allowed amount in the plan's service area.

CEO (or other authorized official)

Date