

Attestation of Compliance with Federal Training Requirements

By signing below, I attest that my organization, and all employees, board members, and first tier, downstream and related entities (FDRs) have read and agree to comply with:

- (i) all written compliance policies and procedures and standards of conduct that meet Federal requirements;
- (ii) fraud, waste and abuse training requirements in accordance with Federal; and
- (iii) general compliance training requirements in accordance with Federal guidelines

I am authorized to bind the entity and I attest that the above information is true and correct. I will notify Medica of any changes to this information.

Head of Agency (print name)

Organization (legal entity name)

Signature

Date signed

You are not required to return this form to Medica. You are responsible for maintaining evidence of training, which is subject to record retention requirements. Please sign and **retain** this form for 10 years. If you have any questions, please call Broker Experience at 1 (866) 752-0945 or send an email to BrokerExperience@medica.com.