

Compliance Attestation

I, _____, attest that I have reviewed and been trained on the appropriate compliance guidelines, passed any and all compliance training and certifications offered by AHIP and any Medicare Advantage carrier I am appointed with or will be appointed with in the future.

I do not condone nor have been taught or recommended by anyone in my upline with any Medicare advantage carrier, to not follow the compliance guidelines outlined in my trainings and certifications.

Name _____

Signature _____

Date _____