

2024-2025 Attestation Statement

Name:

NPN:

UCare Writing Number:

Phone:

Email:

UCare Product Lines I Sell:

Medicare Medicare Supplement MSHO Connect + Medicare

On-Exchange Individual & Family Plans (MNsure) Off-Exchange Individual & Family Plans

Medicare Attestation

AHIP, PinPoint or NAHU Certification Date:

*Attach copy of Certificate when returning

I, _____, attest that I have attended or viewed the UCare Medicare Advantage Product Training on _____.

Signature: _____

I, _____, understand and agree to abide by ALL CMS marketing guidelines and requirements, including but not limited to CMS call recording, as well as verbal and marketing disclaimers.

Signature: _____

Individual & Family Plans Attestation

MNsure Certification/Recertification Date (On-Exchange Only):

I, _____, attest that I have attended or viewed the UCare Individual & Family Plans Product Training on _____.

Signature: _____

Please return this form to Sunderland Group via fax 800.293.9897 or fargo.health@simplicitygroup.com
If not received by Nov 30, your commission will be held and ultimately your appointment will be terminated.