

# 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 NABIP 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](mailto:fargo.health@simplicitygroup.com)  
If not received by Nov 30, your commission will be held and ultimately your appointment will be terminated.