



First-Tier, Downstream and Related Entities Attestation

I attest that I do not employ any person who is not licensed and appointed with a Medicare Advantage and/or Part D carrier, and that I do not work with any vendors/contractors who are involved in any way with my Medicare Advantage or Medicare Part D business.

Signature

Date

Printed Name

Business Name

Please email or fax your completed form to: FDR@jsaonline.com

Fax - Attn: Compliance at 1-855-576-9292