

COORDINATION OF BENEFITS AGREEMENT (COBA) ATTESTATION

I, _____, the Chief Executive Officer of

(Name of the Managed Care Organization/Health Insurer/SNP)

hereby attest under the penalty of Perjury to the following:

That, to the best of my informed knowledge and belief, the information submitted herein is complete, accurate and true in all material respects.

I understand that MCO is responsible for ensuring that its contractor and any business associates of that contractor abide by all terms and conditions of this Attachment to the Coordination Of Benefits Agreement, including but not limited to, data release and privacy provisions.

Chief Executive Officer

Date

NOTARY

State of _____ ss.:

County of _____

Subscribed and sworn before me on this _____ day of 20____

NOTARY PUBLIC SIGNATURE