# FOR CONTRACT YEAR ENDING: \_\_\_\_\_

The Contractor attests that the oral and written Marketing information given by the Contractor, and additionally for the DDD Contractor, the oral and written marketing information given by its DDD Subcontracted Health Plans, is in compliance with the requirements of 42 CFR 457.1224, 42 CFR 438.104 et seq., and ACOM Policy 101.

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*Signature of Authorized Representative*

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*Printed Name of Authorized Representative*

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*Title*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Contractor*

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*Date*