

**CERTIFICATION OF ANNUAL
ACCOUNTING STATEMENT
(Carrier)**

This is to certify that I have reviewed this accounting statement and to the best of my knowledge and belief:

1. The statement was prepared in conformity with guidelines issued by the Office of Personnel Management and fairly presents the financial results of this reporting period in conformity with those guidelines;
2. The costs included in the statement are actual, allowable, allocable and reasonable in accordance with the terms of the contract and with the cost principles of the Federal Employees Health Benefits Acquisition Regulation and the Federal Acquisition Regulation;
3. Income, rebates, allowances, refunds and other credits made or owed in accordance with the terms of the contract and applicable cost principles have been included in the statement;
4. If applicable, the letter of credit account was managed in accordance with 5 CFR part 890, 48 CFR chapter 16, and OPM guidelines.

CARRIER NAME _____

NAME OF CHIEF EXECUTIVE
OFFICER (TYPE OR PRINT)

NAME OF CHIEF FINANCIAL
OFFICER (TYPE OR PRINT)

SIGNATURE OF CHIEF EXECUTIVE
OFFICER

SIGNATURE OF CHIEF FINANCIAL
OFFICER

DATE SIGNED

DATE SIGNED

**CERTIFICATION OF ANNUAL
ACCOUNTING STATEMENT
(Underwriter)**

This is to certify that I have reviewed this accounting statement and to the best of my knowledge and belief:

1. The statement was prepared in conformity with guidelines issued by the Office of Personnel Management and fairly presents the financial results of this reporting period in conformity with those guidelines;
2. The costs included in the statement are actual, allowable, allocable and reasonable in accordance with the terms of the contract and with the cost principles of the Federal Employees Health Benefits Acquisition Regulation and the Federal Acquisition Regulation;
3. Income, rebates, allowances, refunds and other credits made or owed in accordance with the terms of the contract and applicable cost principles have been included in the statement;
4. If applicable, the letter of credit account was managed in accordance with 5 CFR part 890, 48 CFR chapter 16, and OPM guidelines.

CARRIER NAME _____

NAME AND TITLE OF RESPONSIBLE CORPORATE OFFICIAL
(TYPE OR PRINT)

SIGNATURE OF RESPONSIBLE CORPORATE OFFICIAL

DATE SIGNED