

Agreed Upon Procedures (AUP) Survey Form
(Please submit one form per contract)

Plan Name:

Contract Number:

Name of Independent Public Accountant (IPA):

Total Cost of IPA:

IPA Agreed Upon Procedures (AUP) Cost:

Please check the appropriate boxes below:

Financial Reporting Options (Select One)

- ☐ Option 1 Calendar Year (CY) January 1—December 31st
- ☐ Option 2 Fiscal Year (FY) October 1st—September 30th

Sampling Frequency (Select One)

- ☐ Once per 12-month period
- ☐ Twice per 12-month period

Please e-mail the completed form by 08/08/2025 to: FEHBIP@opm.gov with a copy to your OPM Contracting Officer.