FWA Annual Report Certification

This is to certify that I have reviewed the FWA Report to which this certification is attached and to the best of my knowledge and belief it is accurate and complete according to the requirements listed in Carrier Letter 2026-14 Office of Personnel Management (OPM) FEHB/PSHB Fraud, Waste and Abuse.

Carrier Name:

_____

Carrier Contract Number:

_____

Plan Code(s):

_____

Name of Person and Title Authorized to Execute the FEHB/PSHB Contract

(Type or Print)

_____

Name Title

_____

Signature Date Signed