



I acknowledge receipt of the Elite Health Plan Compliance and Anti-Fraud Program and related policies and procedures. I understand that this document is proprietary and is the exclusive property of Elite Health Plan, Inc. I understand that the Compliance and Anti-Fraud Program contains important information about Elite Health Plan's compliance and department policies and my obligations as a Board Member, employee, consultant, temporary, intern or volunteer.

I acknowledge that I am expected to read, understand, and adhere to the Compliance and Anti-Fraud Program, the Standards Conduct, and General Compliance, Fraud Waste & Abuse, and HIPAA/Cyber Security training included within the program and all associated Compliance policies and regulations. ***Please email your "Attestation" to gblacklock@elitehealthplan.com.***

Board Member/Employee/Temporary/Intern/Volunteer Name (Print)

Signature

Date

Chief Compliance Officer

Date