



I, _____ attest that I have attended or viewed the webinar, 2024
(Print Name)
Aspirus Health Plan Medicare Advantage Product Training and Certification on _____.
(Date)

Signature: _____

I, _____, understand and agree to abide by ALL CMS
marketing guidelines and requirements, including but not limited to current CMS call recording, verbal,
and marketing disclaimers.

Signature: _____

NPN: _____

Phone: _____

Email address: _____

Fax or email completed form and AHIP to:
Attn: Emma Thompson
Fax: 715.843.1246
Email: Info@aspirushealthplan.com