

**Attachment 6: Federal Employees Health Benefits Program Statement about
Fraud, Waste and Abuse (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 2017-13 Office of Personnel Management (OPM) Federal Employees Health Benefits (FEHB) Fraud, Waste and Abuse.

Carrier Name: _____

Carrier Contract Number: _____

Carrier Code: _____

**Name of Person Authorized to Execute the FEHB Contract
(Type or Print)**

Title

Signature

Date Signed