

**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 and to the best of my knowledge and belief it is accurate and complete according to the requirements listed in Carrier Letter 2014-29 Office of Personnel Management (OPM) Federal Employees Health Benefits (FEHB) Fraud, Waste and Abuse.

**Carrier Name:** \_\_\_\_\_

**Carrier Code:** \_\_\_\_\_

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

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date Signed**