

## CERTIFICATION

I hereby certify that the below-referenced policy form submission and related rate filing, required to be in compliance with the requirements of the Patient Protection and Affordable Care Act, P.L. 111-148, 124 Stat. 119, and the Health Care and Education Reconciliation Act of 2010, P.L. 111-152, 124 Stat. 1051, together and as modified referred to as the ACA, have been drafted or modified to be in compliance with the ACA and the regulations promulgated thereunder.

I also certify that the below-referenced policy form submission, with respect to the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), as amended by the ACA, has been drafted or modified such that the financial limitations and quantitative treatment limitations (QTLs) and non-quantitative treatment limitations (NQTLs) on Mental Health or Substance Use Disorder (MH/SUD) are applied no more stringently than those used in applying the limitations with respect to medical/surgical benefits in the same classification.

I am aware that accident and health rates and forms may be disapproved, or otherwise give rise to remedies or sanctions, if they fail to comply with applicable law or regulations. *See, e.g.*, 40 P.S. §3801.304(b); 40 P.S. §1171.5(a)(5)(prohibiting knowingly filing a false statement of material fact with a supervisory or public official).

I hereby warrant that I have full, complete and final authority to attest to the representations of the Company as set forth herein, and do hereby attest that the representations set forth in this Compliance Checklist and Certification Form are true, correct and complete.

Policy Form # \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Authorized Representative of the Company

\_\_\_\_\_  
Signature of Authorized Representative of the Company