

Attestation

I, _____ (Chief Executive Officer)
subscribe and affirm as true, accurate, and complete, under penalty of perjury, all information
included in this Mental Health and Substance Use Disorder Parity Report and reported to the
New York State Department of Financial Services.

Signature: _____

Date: _____

Name of Insurer: _____

NAIC#: _____

Contact Name: _____

Contact's Title: _____

Contact's Email: _____

Contact's Phone Number: _____