



I, \_\_\_\_\_ attest that I have attended or viewed the webinar, 2025  
(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.

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NPN: \_\_\_\_\_

Phone: \_\_\_\_\_

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Fax or email completed form and AHIP to:

Fax: 715.843.1246

Email: [Info@aspirushealthplan.com](mailto:Info@aspirushealthplan.com)