

[illegible]

**BID OPENING:** Bids shall be opened virtually at 11:00 am, Eastern Time (ET), on September 4, 2025 at the U.S. Government Publishing Office. All parties interested in attending the bid opening shall email [bids@gpo.gov](mailto:bids@gpo.gov) one (1) hour prior to the bid opening date and time to request a Microsoft Teams live stream link. This must be a separate email from the bid submission. The link will be emailed prior to the bid opening.

**BID SUBMISSION:** Bidders MUST email bids to [bids@gpo.gov](mailto:bids@gpo.gov) for this solicitation. No other method of bid submission will be accepted at this time. The jacket number and bid opening date must be specified in the subject line of the emailed bid submission. ***Bids received after the bid opening date and time specified above will not be considered for award.***

## BID SPECIFICATIONS

For the Procurement of

***Pubs. 10050-LE Medicare and You 2026-LP  
(Self mailers and Bulk orders for warehouse)***

as requisitioned from the U.S. Government Publishing Office (GPO) by the

Department of Health and Human Services (DHHS)  
Centers for Medicare & Medicaid Services (CMS)

**ADDITIONAL EMAILED BID SUBMISSION PROVISIONS:** The Government will not be responsible for any failure attributable to the transmission or receipt of the emailed bid including, but not limited to, the following:

1. Illegibility of bid.
2. Emails over 75 MB may not be received by GPO due to size limitations for receiving emails.
3. The bidder's email provider may have different size limitations for sending email; however, bidders are advised not to exceed GPO's stated limit.
4. When the email bid is received by GPO, it will remain unopened until the specified bid opening time. Government personnel will not validate receipt of the emailed bid prior to bid opening. GPO will use the prevailing time (specified as the local time zone) and the exact time that the email is received by GPO's email server as the official time stamp for bid receipt at the specified location.

**For information regarding the solicitation requirements, please contact Steve Gaumer at 202-512-0446 or [sgaumer@gpo.gov](mailto:sgaumer@gpo.gov).**

**GPO CONTRACT TERMS:** Any contract which results from this Invitation for Bid will be subject to the applicable provisions, clauses, and supplemental specifications of GPO Contract Terms (GPO Publication 310.2, effective December 1, 1987 (Rev. 01-18)) and GPO Contract Terms, Quality Assurance Through Attributes Program for Printing and Binding (GPO Publication 310.1, effective May 1979 (Rev. 09-19)). <https://www.gpo.gov/docs/default-source/forms-and-standards-files-for-vendors/contractterms2018.pdf>

GPO QATAP (GPO Publication 310.1) - <https://www.gpo.gov/docs/default-source/forms-and-standards-files-for-vendors/qatap-rev-09-19.pdf>

**TITLE:** Pubs. 10050-LE Medicare and You 2026 – LP

**PRODUCT:** This specification is for proofing, printing, binding, packing, mailing and shipping of comb bound books, with secure handling of PII required.

**PAGES:** 296 plus separate covers. See Description.

**QUANTITY:** 27,620 Books

**TRIM SIZE:** 8-1/2 X 11”

**DESCRIPTION:** Black plastic comb bound book prints head-to-head in 4 Color Process. Covers 1 thru 4, text and divider page print type/rule matter, medium ink coverage of black, and light ink coverage in yellow as highlight to text. Close registration throughout.

**SECURITY REQUIREMENTS:** Contractor must maintain 100% accountability in the accuracy of imaging and mailing of all pieces throughout run. The Contractor must ensure that there are no missing or duplicate pieces and/or pieces with mis-imaged data. The Contractor must also ensure that no defective pieces enter the mail stream.

It is the contractor's responsibility to properly safeguard personally identifiable information (PII) from loss, theft, or inadvertent disclosure and to immediately notify the Government of any loss of personally identifiable information. PII is "information which can be used to distinguish or trace an individual's identity, such as their name, social security number, biometric records, etc., alone, or when combined with other personal or identifying information which is

linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc." (Ref.: OMB Memorandum 07-16.) Other specific examples of PII include, but are not limited to:

- a. Personal identification number, such as passport number, driver's license number, taxpayer identification number, or financial account or credit card number.
- b. Address information, such as street address or personal email address.
- c. Personal characteristics, including photographic image (especially of face or other distinguishing characteristic), fingerprints, handwriting, or other biometric image or template data (e.g., retina scans, voice signature, facial geometry).

**SECURITY CONTROL PLAN:** The contractor shall maintain in operation, an effective security system where items by these specifications are manufactured and/or stored (awaiting distribution or disposal) to assure against theft and/or the product ordered falling into unauthorized hands.

Contractor is cautioned that no Government provided information shall be used for non- government business. Specifically, no Government information shall be used for the benefit of a third party.

The Government retains the right to conduct on-site security reviews at any time during the term of the contract.

The plan shall contain at a minimum:

- (1) How Government files (data) will be secured to prevent disclosure to a third party prior to and after termination of contract.
- (2) Explain how all accountable materials will be handled throughout all phases of production
- (3) How the disposal of waste materials will be handled.
- (4) How all applicable Government-mandated security/privacy/rules and regulations as cited in this contract shall be adhered to by the contractor.

This proposed plan is subject to review and approval by the Government and award will not be made prior to approval of same.

Addresses for Mail copies will be furnished in the following method: Electronic file transmission (EFT), the contractor must obtain approval from CMS IT Security for access to CMS computer systems.

Files are furnished by EFT, a Gentran Mailbox will be setup by CMS to provide access to data files. Immediately after award, the contractor must submit two (one primary user, and one back-up user) completed APPLICATION FOR ACCESS TO CMS COMPUTER SYSTEMS at the following internet link:

<http://www.cms.hhs.gov/InformationSecurity/Downloads/EUAaccessform.pdf>. The contractor must complete Section 2, User Information on page 1, and the Applicants Information on page 3 on the Form.

Please note that the Applicants Social Security Number must be provided in order to receive a USERID and gain access to CMS computer systems. Corporate Tax Identification Numbers are not accepted in lieu of individual SSN's. The contractor must reapply for access every 12 months during the term of the contract.

Security Exhibits: The following exhibits A through H (See Attachment #2) contain security clauses, information, and forms:

Exhibit A: CMS Clause 11: CMS Information Security

Exhibit B: CMS Clause 09A-01 Security Clause

Exhibit C: FAQ Supplement to CMS Security Clause 09A-01

Exhibit D: HHS identification (ID) Badge Request HHS-Form 745 (5/07)

(This form is used to initiate background investigations of the two people applying for access to the Gentran mailbox. No physical access, or badge, to CMS will be granted. Applicants must complete page 1 in its entirety including the applicant signature along with the date. After completing the form, return all pages to CMS within 24 hours. This form is to be submitted prior to award and renew annually thereafter if applicable.)

Exhibit E: Application for Access to CMS Computer Systems (Form CMS-20037) (The same applicants submitting the Form-745 must complete Form CMS-20037, and submit to CMS within 24 hours via an overnight courier, prior to award and renew annually thereafter if applicable.)

Exhibit F: Data Use Agreement (DUA) (Form CMS-R-0235) (Contractor management must complete CMS-R-0235, and submit it to CMS prior to award within 24 hours.

Exhibit G: Certificate of Data Destruction (Form CMS-10252) (Contractor must complete CMS-10252 at the expiration of the DUA.)

Exhibit H: Secure One HHS, Information Security Program Rules of Behavior

NOTE: These forms are provided as attachments (PDF file). See below. A MS Word file will be sent with the GFM upon award.

All contractor management and employees involved in this contract must read and sign this document. Signed copies of this document for Gentran applicants and DUA applicants must be submitted to CMS immediately prior to award. Signed copies for all other employees will be maintained by the contractor and furnished to the Government upon request.

The contractor must submit all completed and signed security forms (original signatures only, no photocopy or facsimile signatures will be accepted) via an overnight courier to: CMS, Attn: Clint Howard SLL-11-17 (410-786-1962); 7500 Security Blvd, Baltimore, MD 21244. For delivery directly to Attn: Clint Howard SLL-11-17 (410-786-1962); the contractor is encouraged to use an overnight/express mail contractor as determined by CMS.

**GOVERNMENT TO FURNISH:** Adobe Acrobat file (fonts included and color mode CMYK) for print files and a MS Excel spreadsheet for the bulk shipments (See Attachment #1) will be e-mailed at time of award. A Gentran Mailbox will be setup by CMS to provide access to data files for the addresses for the self-mailer copies.

**ADDITIONAL INFORMATION:**

- Contractor must have the ability to edit PDF files (when furnished by the Government).
- Contractor is not to request that electronic files provided be converted to a different format. If contractor wishes to convert files to a different format, the final output must be of the same or higher quality and at no additional cost to the Government.
- The contractor is cautioned that furnished fonts are the property of the Government and/or its originator. All furnished fonts are to be eliminated from the contractor's archive immediately after completion of the contract.
- Identification markings such as register marks, commercial identification marks of any kind, etc., GPO imprint, form number and revision date, carried in the electronic files, must not print on the finished product.
- Prior to image processing, the contractor shall perform a basic check (preflight) of the furnished media and publishing files to assure correct output of the required reproduction image. Any errors, media damage or data corruption that might interfere with proper file image processing must be reported to your contract administrator.
- The contractor shall create/alter any necessary trapping, set proper screen angles and screen frequency, and define file output selection for the imaging device being utilized. Furnished files must be imaged as necessary to meet the assigned quality level.
- When PostScript Files are not furnished - prior to making revisions, the contractor shall copy the furnished files and make all changes to the copy.

**STOCK/PAPER:** The specifications of all paper furnished must be in accordance with those listed herein or listed for the corresponding JCP Code numbers in the *Government Paper Specification Standards, No. 13*, dated September 2019.

Covers: JCP Code\* K10, Index, White, Basis Size 25.5 X 30.5" Basis Weight 110 lb.

Text: JCP Code\* A60, Uncoated Text, White, Basis Size 25 X 38" Basis Weight 60 lb.

**INK:** Four Color Process

**MARGINS:** Adequate gripper.

**PROOFS:** Contractor to submit one Press Quality PDF soft proof (for content only) using the same Raster Image Processor (RIP) that will be used to produce the final printed product. PDF proofs will be evaluated for text flow, image position, and color breaks. Proof will not be used for color match.

The proofs will be checked for quality and compliance with these specifications, approved or approved with comments and the contractor will be notified within TWO (2) working day after receipt. If, in the opinion of the GPO and/or Department, the proofs are not a true representation of the furnished copy, or contain noticeable defects they will be rejected must be corrected and reproofed at no additional expense to the Government. The schedule stated elsewhere in these specifications CANNOT be extended to allow for such reproofing.

Email proofs to [keith.williams@cms.hhs.gov](mailto:keith.williams@cms.hhs.gov); contractor must also copy contract administrator at [sgaumer@gpo.gov](mailto:sgaumer@gpo.gov). GPO jacket numbers 432-963 must appear on all correspondence.

**CONTRACTOR MUST NOT PRINT PRIOR TO RECEIVING AN "OK TO PRINT"**

**CONTRACTOR TO FURNISH:** All materials and operations, other than those listed under "Government to Furnish," necessary to produce the product(s) in accordance with these specifications.

**BINDING:** Suitably punch along the left 11" dimension and insert black plastic combs of suitable size and capacity to ensure book lies flat when opened.

**PACKING/LABELING:** Mark shipping containers as follows:

ICN# 005269 and Pub# 10050-LE 09-25 on all carton labels

\*\*\*\*Contractor must label all shipping packages with "Free Matter for the Blind". \*\*\*\*

Contractor must package mailed quantity, in individual mailing containers, to ensure damage is not incurred during mailing and to meet all USPS postal requirements for standard mail.

Shrink film wrap suitable.

Pack NTE 40 lbs. per shipping container.

Pallets (required for motor freight shipments only): Pallets must be type III and must conform with Federal Specifications NN-P-71C, and any amendments thereto except for dimensions and single center stringer. Full entry

MUST be on the 40" width. Receipt of incorrect pallets may result in a charge for each incorrect pallet which will be assessed against the contractor. This charge will cover additional costs incurred by CMS to repalletize the shipment onto correct pallets. Loaded pallets must be machine wrapped with shrinkable or stretchable plastic strong enough to retain the integrity of the pallet during transportation and handling. Do NOT use metal strapping or pallet caps for securing material on pallets. There must be no more than one partial pallet per destination.

#### **SCHEDULE:**

Award will be made and Purchase Order issued by September 9, 2025.

INDIVIDUAL SHIPMENTS: 8,473 single copies mail f.o.b. contractor's city on or before September 30, 2025.

BULK SHIPMENTS: Contractor to deliver 19,147 books to 490 locations in various quantities from a single copy to 2,300 copies from distribution list, plus 2 copies and 1 FDLP copy deliver f.o.b. destination on or before October 10, 2025.

**DISTRIBUTION:** F.O.B. destination and F.O.B. contractor's city/origin - See Below

All expenses incidental to picking up and returning materials, and furnishing samples must be borne by the contractor. Also, refer to Articles 5 and 6, Supplemental Specifications, GPO Contract Terms, Publication 310.2, revised January 2018.

Mail FOB Contractor's City 8,473 individual copies in self-mailers using a contractor created "Free Matter for the Blind" indicia. Contractor to create mailing indicia. Ensure positioning of address/permit info is in accordance with current applicable postal regulations. Evidence of mailing must accompany the contractor's invoice for billing.

See MAIL PREPARATION and ADDRESS REQUIREMENTS below.

All shipments below are FOB Destination. INCLUDE CHARGES FOR THESE DELIVERIES IN THE QUOTED PRICE.

Deliver 19,144 copies to 490 destinations (includes 125 Departmental Random "Blue Label" Copies – Deliver to Line #491 of distribution list. See attached distribution list (Attachment #1).

Note: For the "Blue Label" Copies -- A copy of the Government furnished certificate (GPO Form 917) must accompany the voucher sent to GPO, Financial Management Service, for payment. Failure to furnish the certificate may result in delay in processing the voucher. NOTE: Form is also available at <https://www.gpo.gov/pdfs/vendors/sfas/Form917.pdf>

Deliver 2 copies via traceable means to: Centers for Medicare & Medicaid Services, Attn: Keith Williams SL-14-19, (410-786-1962), 7500 Security Blvd., Baltimore, MD 21244.

Deliver 1 copy via traceable means to: BAC (C+1) 1523-01, to: US Government Publishing Office, Federal Depository Library Program, Mail Stop: FDLP, 44 H St., NW, Loading Dock, Washington, DC 20401, Marked Item No. 0512-A-39.

**ADDRESS REQUIREMENTS:** Address placement, format, and fonts must be consistent with current U.S. Postal Service (USPS) Address Quality Standards, and in accordance with appropriate USPS rules and regulations including USPS Domestic Mail Manual (DMM) in effect at the time of mailing. The type font must be one of the USPS accepted fonts.

**MAIL PREPARATION:** It is the contractor's responsibility to keep up to date on all USPS requirements and current DMM.

Using the CMS address information as provided, the contractor is required to obtain the maximum USPS postage discounts possible. In compliance with USPS Mail Preparation & Sortation Regulations, all mail must be appropriately marked and supported with the documentation necessary to ensure USPS acceptance.

Mailing Envelopes must be prepared and sealed in a manner that will ensure acceptance, security and safe delivery by the U.S. Postal Service. Gather each piece and insert into mailing envelope, and seal. The contractor must provide all mailing materials, as well as all labeling and marking, as necessary to fulfill mailing and distribution requirements.

Noncompliance with the packing and labeling instructions will be cause for the Government to take corrective action in accordance with GPO Pub. 310.2.

Contractor must be able to read/print up to ten lines of address information and ensure all addresses can display address format acceptable for USPS automation processing. Addresses for this mailing come from a government maintained file. For this mailing, CMS will provide certificates indicating that within 95 days the addresses have been matched against both the USPS required Coding Accuracy Support System (CASS) and National Change of Address (NCOA) software.

In the event the CASS and NCOA certification has expired, the contractor may be required to provide the certification prior to mailing. Reimbursement for this service will be made via contract modification.

Contractor sponsored address data enhancements to secure postal discount MUST NOT negatively affect deliverability and/or omit/change any required address field as provided by CMS address files.

**COMPLIANCE REPORTING:** Contractor must notify the ordering agency on the same day that the product ships/delivers via e-mail to Keith Williams ([keith.williams@cms.hhs.gov](mailto:keith.williams@cms.hhs.gov)) and [compliance@gpo.gov](mailto:compliance@gpo.gov). The subject line of this message shall be "Distribution Notice for Jacket 432-963, Req 5-00110. The notice must provide all applicable tracking numbers, shipping method, and title. Contractor must be able to provide copies of all delivery, mailing, and shipping receipts upon agency request.

**QUALITY ASSURANCE THROUGH ATTRIBUTES:** The bidder agrees that any contract resulting from bidder's offer under these specifications shall be subject to the terms and conditions of GPO Pub. 310.1 "Quality Assurance Through Attributes – Contract Terms" in effect on the date of issuance of the invitation for bid. GPO Pub 310.1 is available at <https://www.gpo.gov/docs/default-source/forms-and-standards-files-for-vendors/qatap-rev-09-19.pdf>

**LEVELS AND STANDARDS:** The following levels and standards shall apply to these specifications:

Product Quality Levels:

- (a) Printing (page related) Attributes – Level III
- (b) Finishing (item related) Attributes – Level III
- (c) Inspection Levels (from ANSI/ASQC Z1.4):
  - (a) Non-destructive Tests - General Inspection Level I.
  - (b) Destructive Tests - Special Inspection Level S-2.

Specified Standards: The specified standards for the attributes requiring them shall be:

Attribute Specified	Specified Standard
P-7 Type Quality and Uniformity	Ok'd proof/Furnished Electronic File
P-10. Process Color Match	Furnished Electronic File



**OFFERS:** Offers must include the cost of all materials and operations for the total quantity ordered in accordance with these specifications. In addition, a price must be submitted for each additional 1,000 Books. The price of additional quantities must be based on a continuing run, exclusive of all basic or preliminary charges (but will include shipping), and will NOT be a factor for determination of award.

**PRE-AWARD SURVEY:** In order to determine the responsibility of the prime contractor or any subcontractor, the Government reserves the right to conduct an on-site pre-award survey at the contractor's/subcontractor's facility or to require other evidence of technical, production, managerial, financial, and similar abilities to perform, prior to the award of a contract. As part of the financial determination, the contractor in line for award may be required to provide one or more of the following financial documents:

- 1) Most recent profit and loss statement
- 2) Most recent balance sheet
- 3) Statement of cash flows
- 4) Current official bank statement
- 5) Current lines of credit (with amounts available)
- 6) Letter of commitment from paper supplier(s)
- 7) Letter of commitment from any subcontractor

The documents will be reviewed to validate that adequate financial resources are available to perform the contract requirements. Documents submitted will be kept confidential, and used only for the determination of responsibility by the Government. Failure to provide the requested information in the time specified by the Government may result in the Contracting Officer not having adequate information to reach an affirmative determination of responsibility.

**PAYMENT:** Submitting invoices for payment via the GPO fax gateway (if no samples are required) utilizing the GPO barcode coversheet program application is the most efficient method of invoicing.

Instruction for using this method can be found at the following web address:

<http://winapps.access.gpo.gov/fms/vouchers/barcode/instructions.html>.

Invoices may also be mailed to: U.S. Government Publishing Office, Office of Financial Management, Attn: Comptroller, Stop: FMCE, Washington, DC 20401. For more information about the billing process refer to the General Information of the Office of Finance web page located at <https://www.gpo.gov/how-to-work-with-us/vendors/how-to-get-paid>.

**BIDS:** Bids must include the cost of all materials and operations for the total quantity ordered in accordance with these specifications. In addition, a price must be submitted for each additional 1,000 copies. The price for additional quantities must be based on a continuing run, exclusive of all basic or preliminary charges and will not be a factor for determination of award.



**CONTRACTOR:** \_\_\_\_\_**SHIPMENT(S):** Shipments will be made from: City \_\_\_\_\_, State \_\_\_\_\_

The city(ies) indicated above will be used for evaluation of transportation charges when shipment f.o.b. contractor's city is specified. If no shipping point is indicated above, it will be deemed that the bidder has selected the city and state shown below in the address block, and the bid will be evaluated and the contract awarded on that basis. If shipment is not made from evaluation point, the contractor will be responsible for any additional shipping costs incurred.

**Jacket: 432-963**      **Bid Price \$** \_\_\_\_\_**Additional rate per 1,000 Books:** \_\_\_\_\_**DISCOUNTS:** Discounts are offered for payment as follows: \_\_\_\_\_ Percent, \_\_\_\_\_ calendar days. See Article 12 "Discounts" of Solicitation Provisions in GPO Contract Terms (Publication 310.2).**BID ACCEPTANCE PERIOD:** In compliance with the above, the undersigned agree, if this bid is accepted within \_\_\_\_\_ calendar days (60 calendar days unless a different period is inserted by the bidder) from the date for receipt of bids, to furnish the specified items at the price set opposite each item, delivered at the designated points(s), in exact accordance with specifications.

NOTE: Failure to provide a 60-day bid acceptance period may result in expiration of the bid prior to award.

**AMENDMENT(S):** Bidder hereby acknowledges amendment(s) number(ed) \_\_\_\_\_

**BIDDER'S NAME AND SIGNATURE:** Unless specific written exception is taken, the bidder, by signing and submitting a bid, agrees with and accepts responsibility for all certifications and representations as required by the solicitation and GPO Contract Terms - Publication 310.2. When responding by email, fill out and return one copy of Page 8, which includes "SCHEDULE OF PRICES," including initialing/signing where indicated. Valid electronic signatures will be accepted in accordance with the Uniform Electronic Transactions Act, §2. Electronic signatures must be verifiable of the person authorized by the company to sign bids. Failure to sign the signature block below may result in the bid being declared non-responsive.

\_\_\_\_\_  
(Contractor Name) (GPO Contractor's Code)\_\_\_\_\_  
(Street Address)\_\_\_\_\_  
(City – State – Zip Code)By \_\_\_\_\_  
(Printed Name, Signature, and Title of Person Authorized to Sign this Bid) (Date)\_\_\_\_\_  
(Person to be Contacted) (Telephone Number) (Email)

\*\*\*\*\*THIS SECTION FOR GPO USE ONLY\*\*\*\*\*

Certified by: \_\_\_\_\_ Contracting Officer: \_\_\_\_\_  
(Initials and Date) (Initials and Date)

## Attachment #1 Jacket 432-963

Product Numbe Name	Quantity	User Contact Name	Company Name	Address1	Address2	City	State	Zip	PhoneNumber	Revision Date	
10050-L-E Medicare & You 2026 (English Large Print)	1	Ms. Jane R Bretzin	Loudoun County Area Agency on Aging	13111 Taylorslawen Rd		Leesburg	VA	20176	5712583414	September, 2025	
10050-L-E Medicare & You 2026 (English Large Print)	1	Ms. Jenny Hicks	Centerville Library	6060 Far Hills Ave		Dayton	OH	45459	9376104474	September, 2025	
10050-L-E Medicare & You 2026 (English Large Print)	1	Mei Feng	Catholic Charities Hawaii	1822 Kesaamoku St		Honolulu	HI	96822	8085274703	September, 2025	
10050-L-E Medicare & You 2026 (English Large Print)	1	Ms. Qian Shao	Korean Community Service Center of Great	847 Quince Orchard Blvd		Ste J	Gaithersburg	MD	20878	2408017003	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Mrs. Sheila K Weber	Advocate Good Shepherd Hospital	450 W I Route 22		Rm 1248	Barrington	IL	60010	8478424392	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Mr. Anthony Jerome Beard	Washington State DSHS BHA	1709 Butler Ct NW			Olympia	WA	98502	3608887724	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Shen Buik	Hilcrest Nursing Center	1740 Circuit Dr			Round Lake Beach	IL	60073	2245770140	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Mrs. Pamela Wingard	Harbor Hospice	1050 W Western Ave		Ste 400	Muskegon	MI	49441	2317253442	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Debi Ratiff	Rockbridge Regional Library	138 S Main St			Lexington	VA	24450	5406434324	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Joseph Boton	SHIP	9624 Cedar Cove Ln			Indianapolis	IN	46250	2196164226	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Ms. Rosa Maria Rivera	Paseca Yaqui Tribe Yoeme Managed	Casa Pri			Tucson	AZ	85746	5207807776	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Ms. Rana McDaniel	Hope Atlanta	4567 W Telakusum Rd		Unit 500 Bldg B	Atlanta	GA	30308	7706155359	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	TONYLA D LUGAN	Redbird Smith Health Services	301 S J T Stiles St			Sallisaw	OK	74955	9187741449	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Tasha Bunile	SSA	36300 Veterans Dr		Ste 100	Saint Cloud	MN	56303	8774054550	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Ms. Cristina Powell	Social Security Administration	507 Jewett St		Ste B	Marshall	MN	56258	8552100125	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Mrs. Tiffany Lynn Wicker	Absentee Shawnee Tribal Health System	2029 Gordon Cooper Dr			Shawnee	OK	74801	4058785850	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Ms. Sara Stimmel	Thresholds	2030 N Seminary Ave			Woodstock	IL	60098	6307015418	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Ms. Heather Young	Camden Co DHHS Sr Disabled Svc	512 Lakeland Rd		Ste 631	Blackwood	NJ	08012	8563746016	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Karen Liotta	Bayville Free Library	34 School St			Bayville	NY	11709	5166282765	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Mrs. Willis Tona	Independent Living Resource Center SF	867 Chadbourne Ave			Millbrae	CA	94030	6504552778	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Mrs. Deborah Perkins	INCA Community Services	371 W 10th St			Aloka	OK	74525	8008895193	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Mrs. Melissa S Brown	Services for the Aged	156 Duplin Commons Drive			Kenansville	NC	28349	9102962140	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Ms. Karina Zidon	Platteville Public Library	225 W Main St			Platteville	WI	53181	6083487441	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Mrs. Rose M Morales	CHACA Senior Medicare Patrol	1731 Madison Ave			Rosenberg	TX	77469	2084851766	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Mrs. Joyce T Sprengel	AARP	10724 W Saratoga Cir			Sun City	CA	85351	6024035446	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Mr. Michael Kanode	Social Security Administration	125 Derby Downs Rd			Newark	OH	43055	8665639477	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Ms. Kimberly Per	Genesee County Office for the Aging	2 Bank St			Batavia	NY	14020	5853442580	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Ben Winton	California Health Advocates	2183 Park Rd			McKeesport	PA	95519	7274071876	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Ms. Anita LaRee Linden	Rocky's Agency on Aging	1398 Warehouse Ave			Helenia	MT	59601	4064577358	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Catherine Durivage	Minnesota Braille and Talking Book Libra	400 Silsion Blvd			Minneapolis	MN	55413	5073334828	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Maq Park Art Taylor	Barbara S Ponce Public Library	7770 52nd St N			Pinellas Park	FL	33781	7273690676	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Mrs. Jeanie G Schepis	SHIP, the NC SHIP	5919 Weston Dr			Greensboro	NC	27407	9197046714	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Jillian McKeown	Wilmette Public Library	1242 Wilmette Ave		Ste 340-105	Wilmette	IL	60091	8472556965	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Ms. OFFIONG GLOVER	AUTUMNCARE HEALTH SERVICES	10701 Corporate Dr			Stafford	TX	77477	2814940228	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Mr. Alexis Means	Glenn South Insurance Group	2957 W 98th Pl			Evergreen Park	IL	60805	7085107072	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Ms. Samantha P Doyne	HICAP	1129 Industrial Ave		Ste 201	Petaluma	CA	94952	7075264108	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Ms. KIMBERLY SMYON	SSA	147086			Easton Ridge	VA	86061	8665639477	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Judi Young	Woodbridge Human Services	4 Meetinghouse Ln			Woodbridge	CT	06525	2033893429	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Ms. Leslie Pruitt	Agency on Aging of South Central CT	117 Washington Ave		Ste 17	North Haven	CT	06473	2037858533	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Ms. Twon Smith	Life Center	603 Locust St			Marshall	IL	62441	2178265155	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Bill Larson	SEMAAA	2321 Elton Hills Dr NW			Rochester	MN	55901	5072883789	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Mrs. Sami Enos	Chaco-De Indian Health	11670 Alwood Rd			Auburn	CA	95603	5308634682	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Renee Lynch	Sugar River Senior Center	21 S Vine St			Bellefonte	WI	53508	6084246007	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Tim Cooper	Social Security Admin	105 S 6th St			Mount Vernon	IL	62864	8666133968	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Carolyn D Kita	East Windsor Housing Authority, Park Hill	1A Park St			Broad Brook	CT	06016	8606238467	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Dionne Wade	Wonders' Woman Restoration Ministry	501 E Oates Rd		1-494674	Garland	TX	75043	2149079557	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Victoria Thomas	Village of English Prospect	50 S Emerson St			Mount Prospect	IL	60056	8478185318	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Skip Nees	Ship PIMP	111 Giddings Ave			Severna Park	MD	21146	4435009099	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Cheryl Barretta	First Call 211	43 W 3rd St			Mansfield	OH	44902	4195224636	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Brittany Kosydar	Oregon Cascades West Council of Governments	203 N Main St			Toledo	OR	97391	5415742684	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Ms. Cynthia J Stowell	Bedford Public Library System	321 N Bridge St			Bedford	VA	24523	5405976340	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Deb Johnson	Missouri SHIP Volunteer	3815 MO-23			Concordia	MO	64020	8165653499	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Tonie Smothers	Western Montana Area 6 on Aging	110 Main St		Ste 5	Polson	MT	59980	4068722284	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Mrs. Christy Blank	Macoupin County Public Health Department	205 Oakland Ave		Ste 1	Carlinville	IL	62626	2178543223	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Mr. Jerome Demner	South West CT Agency for the Aged	70 Gate Ridge Rd			Fairfield	CT	06825	2039232995	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Ms. Martha Yates	NEMPOD	619 E Parker Dr			Boonville	MS	38929	6627282038	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Ms. Denise Osborne	Wilkes Senior Resources	228 Fairlains School Rd			North Wilkesboro	NC	28659	3366675281	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Katie Wheeler	SWCAA	1000 Lafayette Blvd		FI 9	Bridport	CT	06604	2038143639	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Ms. Katrina Nesmith	Senior PharmAssist	406 Riosbee Ave		Ste 201	Durham	NC	27701	9196884772	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Mrs. Betty Bucholtz	SSA	5201 Bellvue Rd			Clinton	NC	27002	8152781691	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	ADRC Michele L. Brickl	Calumet County ADRC	200 Richman St			Chilton	WI	53014	9208491400	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Ms. nicole mollic-polaski	Island Trees Public Library	38 Farmegde Rd			Island Trees	NY	11756	5167312211	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Ms. Rachael Waugh	Public Library for Union County	255 Reitz Blvd			Lewisburg	PA	17837	523-1173	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Ms. Jennifer K Thibault	Remsen County HICAP	89 E Charles Dr			Newburgh	NY	12551	5182702787	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Peg Warner	Oyster Bay Public Library	89 E Main St			Oyster Bay	NY	11771	5169221212	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Dana Thiesing	Office For The Aging	50 Sanatorium Rd		Bldg F	Pomona	NY	10970	8453642118	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Jenny Mathewson	RSVP of Northeast Kansas Inc	1019 Broadway			Marysville	KS	66508	7855622154	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Mrs. Kathy Idornm Kothe	Seniors Services Plus	2003 S Broadway Ave			Alton	IL	62003	6185354187	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Ms. Leda R Welke	Aging and Disability Resource Center	721 Oxford Ave		Ste 1130	Eau Claire	WI	54703	7158394735	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Amy Zager	Columbia/Boone Co Public Health & Human	1005 W Worley St			Columbia	MO	65203	5738176430	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Cathy Tallen	SHINE	211 Summer Stetson Rd		Town of Heath	Colrain	MA	01340	4133375770	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	John Hickman	Henry Ford Centennial Library	16301 Michigan Ave			Dearborn	MI	48126	3139432197	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Mrs. Cynthia D King	Social Security Administration	411 W Garden St			Pensacola	FL	32502	8774057880	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Kathy Wagner	Liberty Lutheran	7002 W Butler Pike		Ste 200	Amherst	VA	19002	2874647700	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	NITA FORD	Lafourche County on Aging	238 BOWIE ROAD			Raceland	LA	70394	9855325867	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Joan Marie Morales	Medicare Shine Volunteer	15141 SW 113th St			Miami	FL	33196	3059269522	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Mrs. Jamie LEANNE BOOKER	SULLIVAN COUNTY COMMUNITY HOSPITAL (1407	2200 N Section St			Sullivan	IN	47882	8122684311	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Mrs. Nakia Jones	UHS-CMS	1110 N Lombard Ave			Oak Park	IL	60302	3127410714	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Mrs. Kim Scott	United Military Care	1220 Old Canton Rd			Marietta	GA	30062	7709730014	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Julia Schvalber	Illinois Department of Aging	350 N Dearborn St		FI 12	Baltimore	MD	21201	4107672077	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Mariann Kmetz	Aprioris	4422 Walbert Ave			Allentown	PA	18104	6103981361	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Mr. Joseph M Schuerger	SHINE	3274 Hawthorne Ave			Rockledge	FL	32955	3212984773	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	1	Kari J West	The Senior Alliance	3200 Greenfield Rd		Ste 100	Dearborn	MI	48120	7345580775	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	2	Pamala Monahan	Area Agency on Aging & Disabilities of S	201 NE 73rd St			Vancouver	WA	98665	3600759476	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	2	Mrs. Desiree Hodgson Williams	Charles County Dept of Community Services	8190 Port Tobacco Rd			Port Tobacco	MD	20677	3019340118	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	2	Ms. Kristy Schuster	Colonial View Apartments	6011 Thomas Dr			Wun Prais	MD	20686	8888312174	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	2	Marco Johnson	Eastern State Hospital	850 W Maple St			Medical Lake	WA	99022	5095654288	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	2	Tanya Tohtsoni	IHS- Northern Navajo Medical Center	US-491 North			Shiprock	NM	86420	5053868677	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	2	RITA KROCH	AGING & DISABILITY RESOURCE CENTER OF TR	18600 Hobson St			Whitehall	WI	54773	7155381938	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	2	Ms. Mary R Clapham	Pulnam County Sr Citizens Org	116 S 17th St			Unionville	MO	63565	6609473643	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	2	Ms. Jennifer K Thibault	Remsen County HICAP	99 Troy Rd			East Greenbush	NY	12061	5182702788	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	2	Ms. Cynthia Rahming	Harris County Area Agency on Aging	8000 N Stadium Dr		3rd Floor	Houston	TX	77054	8323934397	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	2	COLLEEN PELKANT	Aging Care Connections	111 W Harris Ave			La Grange	IL	60525	7083541323	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	2	Candace Johnson	South Central Adult Services	139 2nd Ave SE			Valley City	ND	58072	7018454300	September, 2025
10050-L-E Medicare & You 2026 (English Large Print)	2	Danielle Minard	Consewous Public Library	170 Terrville Rd			Port Jefferson	NY	11778	6319281212	September, 2025

10050-LE	Medicare & You 2026 (English Large Print)	3	Laura Hoden	Arrowhead Area Agency on Aging	221 W 11 St		Duluth	MN	55802	2187225545	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	3	Mrs. Michele Melton	East Texas Alliance of Hope	2306 W Frank Ave		Lufkin	TX	75904	9368997307	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	3	Ms. Jacky Robinson	Bicentennial ManorKey Management	Compan	1010 W 8th St	Junction City	KS	66441	7857624421	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	3	Mrs. Monica Lavender	Family Medicare Associates	5009 US Highway 27 N		Sebring	FL	33870	8633824040	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	3	Denise Leyva	Onslow County Senior Services	4955 Richards Hwy		Jacksonville	NC	28540	9109893106	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	3	Christine Griffin	ServiceLink	8 Old Suncook Rd		Concord	NH	03301	6032286625	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	4	Brenda Ackley	Calhoun Committee on Aging/ship	counselo	105 Market St	Grantsville	WV	26147	3043547017	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	4	Mrs. Karen M Robbins	Macon Co Senior Services	108 Wagon St		Franklin	NC	28734	8283492059	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	4	Ms. April M Ross	Piedmont Senior Resources	1413 S Main St		Farmville	VA	23901	4347675688	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	4	Mrs. Courtney Webb	US Railroad Retirement Board	844 N Rush St	Rm 901	Chicago	IL	60611	3122233323	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	4	Meagan Bennett	Bloomer Public Library	1519 17th Ave		Bloomer	WI	54724	7155682384	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	4	Becky McIntyre	UP Area Agency on Aging	2501 14th Ave S		Escanaba	MI	48829	607864701	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Ms. Marissa Francesconi	CA Dept of Aging	2880 Gateway Oaks Dr	Ste 200	Sacramento	CA	95833	9165623693	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Jennifer Alexander	Fountain of Life Inc	10101 England Dr		Overland Park	KS	66212	9136003728	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Mrs. Kristie M Robinson	Social Security Administration	1120 Plaza Blvd		Monroe	LA	71201	8668333501	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Mr. Chris Highlowner	Missoula Aging Services	337 Stephens Ave		Missoula	MT	59801	4067287682	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Ms. Patti Atkins	Area Agency on Aging & Disabilities of Lincoln	1338 Commerce Ave		Longview	WA	98632	3603346949	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Mrs. Gretchen McClure	Social Security Senior Services	612 Center Dr		Lincolnton	NC	28092	7047368811	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Ms. Penny Boschee	Kodiak Area Native Association - KANA	3449 E Rezanof Dr		Kodiak	AK	99615	9074867352	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Ms. Debbie Sigler	Cypress Sunrise Village - Cypress	9151 Grindley St		Cypress	CA	90630	7144694920	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Mr. Jacob Sysma	Legal Assistance for Seniors	333 Heegenberger Rd		Oakland	CA	94621	5108323040	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Mr. Michael Brewer	STIG	7956 Cartersway St		Prairie Village	KS	66208	8166684714	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Mrs. Mia Hofstetter	LifeTime Resources	13091 Benedict Dr		Dillsboro	IN	47018	8124326292	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Ms. Erin Creighton	Central Rappahannock Regional Library	1201 Caroline St		Fredericksburg	VA	22401	5403721122	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Warren County	County of Warren Division of Aging and	165 County Road 519	Ste 245	Belvidere	NJ	07823	9084756591	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Jan Williamson	Roscommon COA	1015 Short Dr	Ste A	Prudersville	MD	48651	9893663800	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Karen M. Hendricks	United States Senate	Sen. Chris Van Hollen - 111 Rockville P	Suite 960	ROCKVILLE	MD	20850	3015451516	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Stephanie Bailey	Rush University Medical Center	710 S Paulina St	433JRB	Chicago	IL	60612	3129421842	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	ANNETRA L PLATT	METROPOLITAN FAMILY SERVICES	3062 E 91st St		Chicago	IL	60617	7736921033	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Joy Miller	K-State Research and Extension	Southwind		Olathe	KS	66061	9237157000	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Ms. Sheri Anzel	IVEDC	320 5th St	Ste 1500	Carrollton	IL	62016	2179426824	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Edna Brock	ADRC of Jefferson County	1541 Annex Rd		Jefferson	WI	53543	9206741945	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Kristi Burn	Project on Aging	132 Poplar Grove Connector	Ste A	Boone	NC	28607	8282658000	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Ms. Sarah Weilacher	Franklin County Office for the Aging	355 W Main St		Malone	NY	12953	5184811527	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Mrs. Cathy Rafales	Ohio Senior Medicare Patrol /	7162 Reading Rd	Ste 1150	Cincinnati	OH	45237	5134585503	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Ms. Jessica Matthews	ProSeniors	354 Main St	Ste 2	Gardner	MA	01440	8776919141	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Shara Bastian	RS Regional Council	82 E 600 N		Richfield	UT	84701	4358930728	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Ms. Vanessa Perez Diaz	CEFS Economic Opportunity	4747 Bellaire Blvd	Ste 400	Bellaire	TX	77401	7146195299	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Mrs. Stacey Horvet	Corporation	835 W North Ave		Flora	IL	62389	6186624024	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Mrs. Lynn Hill	Putnam County Office for Aging	110 Old Route 6	Ste 1	Carmel	NY	10512	8458081700	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Mrs. Bridget Sterling	HealthMarkets	1435 W Roosevelt Ave		Coolidge	AZ	85128	6159309858	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Mrs. Carisa C DiStasio	Multnomah County SHIBA	2709 5th Ave	Ste 510	Portland	OR	97205	5039887635	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Ms. Joan Newton	Leon Mathieu Senior Center	420 Main St	2nd Fl	Pawucket	RI	02860	4017287582	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Mrs. Michelle Trujillo	Mesa County Public Health	510 29 1/2 Rd		Grand Jct	CO	81504	9702486919	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Shari Hanson	Elder Care Services	1701 E Lincoln Hwy		DeKalb	WI	60115	8157586550	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Karen Furo-Bonnstetter	Woodville Library	124 S Main St		Woodville	WI	54028	7156962430	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	April Ma	Greater Boston Chinese Golden Age Center	75 Kneeland St	Ste 204	Boston	MA	02111	6173570226	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Kiera CT Area Agency on Carchi	Western Connecticut Area Agency on	Aging	48 Progress Ln	Waterbury	CT	06705	2037575449	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	GREG BAZA	U.S. Railroad Retirement Board	1301 Clay St		Oakland	CA	94612	5109926408	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Ms. Sarah Occhipinto	SSA	601 E 12th St	Rm 966	Kansas City	MO	64108	8169385302	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Jean Mathisen	SHIBA WA State	612 Bush Point Rd		Freeland	WA	98249	3603314246	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Taylor Thorn	SHIBA	1400 Queen Ave SE		Albany	OR	97322	5418120849	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Vivian D King	Lifeline Ministries	1234 Finley Rd		Memphis	TN	38116	6156352767	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Mrs. Jessica Renee Pontbriant	Leavenworth County Council on Aging	711 Marshall St	Ste 100	Leavenworth	KS	66048	9136843073	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Mrs. Melissa Kallitatis	Frisbie Medical Center	501 E Pleasant Hwy		St. Joseph	MO	64578	8167766000	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Pablo Corona	HICAP Elder Law Advocacy	5151 Murphy Canyon Rd	Ste 110	San Diego	CA	92123	8555658772	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Caryn Bullis	Tompkins County Office for the Aging	214 W State St		Ithaca	NY	14850	6072744540	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Ms. Theodora Kral	Frankfort Township	11000 W Lincoln Hwy		Frankfort	IL	60423	8154694907	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Mrs. Terri Caraballo	Village Grove Apartments	6714 S Center Ave		Elmhurst	IL	60126	6303333717	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Erica Deshermer	Mercer County Area Agency on Aging	133 N Pitt St		Mercer	PA	16137	7246626022	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Mrs. Ikesha Hermainin	Pennsylvania Department of Aging	555 Walnut St	Ste 502	Harrisburg	PA	17101	7177783423	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Mrs. Cynthia Pastow	PA CareerLink Bucks County Perkaise	Sale	1 Hillendale Rd	Perkasie	PA	18944	2152587755	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Mrs. ALBA R RIPP	Assoc of Clifton Park	747 Pierce Rd		Clifton Park	NY	12065	5188778557	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Jametrica Glover / SHIP Division	NC Department of Insurance	3200 Beechleaf Ct		Raleigh	NC	27604	9198149934	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Theresa Hassan	CAP Agency Inc	738 1st Ave E		Shakopee	MN	55379	9524029835	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Susan Ragusa	Social Security Administration	303 Cayuga Ave		Altoona	PA	16602	8666133938	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Ms. JESSICA B COHICK	NORTHUMBERLAND COUNTY	AGENCY ON AGING	322 N 2nd St	Sunbury	PA	17801	5704952395	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Mr. Travis A Schwartz	Social Security Administration	150 N Jekyll Dr		Ludington	MI	49431	8666687972	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	David Galk	SSA	221 W 5th St		Local	LA	70002	8665582834	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Ms. Andrea R Sneller	Region VII Area Agency on Aging	1615 S Euclid Ave		Bay City	MI	48706	9898934506	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Mr. Tobin Fout	SSA - DO 410	44 Stonedrive Dr		Kitticoche	OH	45601	8774671673	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Charlene McDaniel	Jasanti Group Community Engagement	Center	442 S 56th St	Philadelphia	PA	19143	3218776798	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	5	Robert Gibson	Social Security Administration	17 Georgetown Plz		Georgetown	DE	19147	8668641460	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	6	Ms. Billie Jo Woods	Pawnee County Senior Citizens, Inc.	52 Trap Springs Rd		Grafton	WV	26354	3042654555	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	6	Mrs. Angela Smith	Taylor Indian Health Center	1201 Heritage Cir		Pawnee	OK	74058	9187626637	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	6	Vickie Blevins	Catawba County Office on Aging Inc	400 17th St SW		Hickory	NC	28602	8283282269	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	7	Ms. Betty Myers	Salem County Office on Aging	110 5th St	Ste 900	Salem	NJ	08079	8563398622	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	7	Tracy Ann Raymond	Mett Children's Health Center	808 Tuon Pl		Pinet	AL	36033	8102327562	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	8	Mr. Ariel Gonzalez	F.O. 251	10000 Magnolia Ave		Riverside	CA	92503	8660931970	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	8	Jolene Johnson	St Croix Tribal Health Clinic	4404 State Road 70		Webster	WI	54893	7153485554	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	8	Mary Evans	Metro AAA	2805 White Hall Blvd		Fairmont	WV	26554	3043631595	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	Shapanta Overbay	Sheridan Center of Charlotte	3001 E 4th St		Charlotte	NC	704365	7043651695	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	Mrs. Kristen N Jennings	Social Security Administration	221 S 45th St		Coscorona	TX	76110	8884569551	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	Ms. Iyssa Wesche	Fords Branch Library	211 Ford Ave		Fords	NJ	08863	7327267071	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	Ms. Ruby Y Solero	Social Security Administration	825 Riverside Pkwy	Ste 1000	West Sacramento	CA	95605	8667868188	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	Ms. Nadia Artis	WCSA	2021 E 6th St		Goldboro	NC	27834	9197311552	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	Ms. Jennifer Nolan	Truewood by Merrill, First Hill	1421 Minor Ave		Seattle	WA	98101	4252440448	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	Ms. Melinda Gardner	NCTAAA	616 Six Flags Dr	Ste 200	Arlington	TX	76011	8002723921	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	Ms. Wendy Petrus-Mazeika	State Rep. Leanne Krueger	115 E Brookhaven Rd		Brookhaven	PA	19015	6105346880	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	Ms. Barbara M Jackson	Delaware Senior Medicare Patrol	1901 N Dupont Hwy		New Castle	DE	19720	3022556642	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	AnnMarie L Abbott	Senior Information & Assistance	2700 Simpson St	Ste 205	Abertdeen	WA	98520	3605320520	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	Mrs. Jennifer Del Lasley	Central Plains Area Agency on Aging	271 W 3rd St N	Ste 500	Wichita	KS	67202	3166605128	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	Mr. George Lutz	Levittown Public Library	1 Bluegrass Ln		Levittown	NY	11756	5187315728	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	MACAC O	Medical Care Access Coalition	2301 Woodward Ave		Kingsford	MI	48092	9607756414	September, 2025

10050-LE	Medicare & You 2026 (English Large Print)	10	Mrs. Sara Gaston	Clinton County Senior Services Milwaukee County Area Agency on Aging	630 8th St	Carlyle	IL	62231	6185942321	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	Emily Petersen	Aqino	1230 W Cherry St	Milwaukee	WI	53205	4146396532	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	Ms. Katharine Carroll	Social Security Administration	109 Cypress Cors	Milledgeville	GA	31061	8663312214	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	Patricia Penfold	Kendall County Health Department	8111 W John St	Yorkville	IL	60560	6305539100	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	Ms. Z Cunejgin	Social Security Administration	9120 W Capitol Dr	Milwaukee	WI	53222	8888605573	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	Kimberly Jill Miller	Bradston County Senior Citizens Center	23 Senior Center Dr	Sutton	WV	26601	3047654090	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	Ms. Michelle Robinson	Merced County Senior Center	137 W Main St	Aledo	IL	61231	3095827221	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	Ms. Caroline Lacy McLeod	Community & Senior Services of Johnston	1363 W Market St	Smithfield	NC	27577	9190346066	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	Ms. Becky Faulk	Commission on Aging	1519 Sportsman Lake Rd NW	Cullman	AL	35055	2567341241	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	Mr. Eric Hausman	New York City Department for the Aging	2 Lafayette St	Ste 1200 New York	NY	10007	2124420075	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	Edward Daly	BALDWIN PUBLIC LIBRARY	2385 Grand Ave	Baldwin	NY	11510	5162236228	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	Shana Vinson	WMHC	471688 Highway 51	Stillwell	OK	74680	9184102725	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	Mr. Bruce Bailey	Bailey Enterprises	906 SE 46th St	Cape Coral	FL	33904	8436176390	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	Missy Bechtel L	Hickory County Health Department	24855 State Highway 254	Hermitage	MO	65668	4177452138	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	Mr. James Rivera	SSA	1610 SW Lee Blvd	Lawton	OK	73501	8660319033	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	Ms. Lisa McNamee	ServiceLink of Hillsborough County	70 Temple St	Nashua	NH	03060	6035984709	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	10	Judy Wroda	Southwestern Independent Living Ctr	843 N Main St	Jamesstown	NY	14701	7166613010	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	12	Mr. Stephen Miller	Congressman Tim Moore District Office	128 W Main Ave	Gastonia	NC	28052	9804680110	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	12	Ms. Jerrilyn A Skene-Tiso	Town of Roxbury CT	7 South St	Roxbury	CT	06783	8602100201	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	15	Kim Charlson	Perkins Braille and Talking Book Library	175 North Beacon St	Watertown	MA	02472	6179727249	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	15	JESSICA DARDEN	SOCIAL SECURITY ADMINISTRATION Greene County Department of Human Service	1071 Hunter Hill Rd	Rocky Mount	NC	27804	8869640784	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	15	Ms. Tami Lynn Bone	Service	411 Main St	Catskill	NY	12414	5171193555	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	15	Pam Lovera	Fauquier County Public Library	11 Winchester St	Warrenton	VA	20186	5404228500	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	15	Annette Herrin	Aqino Department of the Mid-South	160 N Main St	Memphis	TN	38103	9012224105	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	15	Ms. Michelle Rorkie	Comack Public Library	18 Hauppauge Rd	Comack	NY	11725	6314990888	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	15	Mrs. Danielle L Lee	Passo County Libraries	14215 4th St	Dade City	FL	33523	3525673576	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	15	Ilyia Y Brashers	Social Security Administration	246 Bullsboro Dr	Ste B Newnan	GA	30263	8558843404	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	15	Denise Larsen	Rookingham County Service Link	72 Portsmouth Ave	Stratham	NH	03885	6033346594	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	15	Mr. SI QIN	SSA	401 W North St	Lima	OH	45801	8002855094	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	15	Ms. Dorna D Koon	Bradford Public Library	703 Sweeney Ave NW	Brantford	FL	32008	3869351556	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	15	Mrs. Christy Stroud	Upper Savannah Agency of Governments	430 Helix Rd	Greenwood	SC	29646	8649418093	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	15	Ms. Lucy Davis	Healing Hearts Home Health	902 E 3rd St	WY	82716	3077580025	September, 2025	
10050-LE	Medicare & You 2026 (English Large Print)	20	Ms. Carolyn M Washington	HICAP Services of Northern CA	501 12th St	Sacramento	CA	95814	9163753765	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	20	Minh Elan	Neill Public Library	210 N Grand Ave	Pullman	WA	99163	5093383252	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	20	Deborah Bishop	Social Security Administration	714 N Iron Bridge Way	Ste 100 Spokane	WA	99202	8663317088	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	20	Barbara A Busch	Potter County Area Agency on Aging	62 North St	Street	PA	16746	8008002560	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	20	Shaunte Shipman	Prince George's County Government	6420 Allenroad Dr	Camp Springs	MD	20748	3012658445	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	20	Ms. Bea Scalfidi	Area Agency on Aging	4400 N Congress Ave	West Palm Beach	FL	33407	5616845885	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	20	DeJuan Arledge	La Jolla Agency on Aging	110 Toledo Dr	Durley	MA	01571	3375740000	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	20	Kim Dietrich	Lois Curtis Center	1921 SE Indiana Ave	Topeka	KJ	66607	7852334572	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	20	Lisa Pino	Skiylands RSVP of NORWESCAP	32 Clyde Potts Dr	Ste 204 Morristown	NJ	07860	9737844000	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	20	Ms. Lisani Charley	SHRP-Southeast Region	502 Deaderick St	Nashville	TN	37243	6152315462	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	20	Mrs. Gina Metras	SHBA	101 Mt St	Dudley	MA	01911	5089486640	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	20	Ms. Pegi Anne Groundwater	SHPA	543 Eastsound Shores Rd	Eastsound	WA	98245	3603178663	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	20	Mrs. Tammy a Hayes	ssa	1618 Old Tusculum Rd	Greenville	TN	37745	8774051409	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	20	Ms. SONIA DIAZ-ESCALANTE	SSA	890 W Morton Ave	Porterville	CA	93257	8663889093	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	20	Beverly Dobner	NSC&ALG	231 Main St	Fort Morgan	CO	80701	9706877408	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	20	Stephen W Bradley	self	122 Windwood Rd	Kennville	TX	78028	8309865021	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	20	Mr. Kendall Walker	Social Security Administration	6338 S Cottage Grove Ave	Chicago	IL	60637	8774557052	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	20	Ms. Megan Zimmerman	Alexandria Library	717 Queen St	Alexandria	VA	22314	7037461714	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	20	Jennifer Stone SMP	Northwest Tennessee Development District	124 Weldon Dr	Marlin	TN	38237	7315146487	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	20	Barb Templeman	Edenstern Library District of Huron County	6 W Emerald St	Willard	OH	44890	4199338564	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	20	Robert Fern	Social Security Administration	2 S Main St	Rm 299 Akron	OH	44308	3309063699	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	20	Annie R Nersten	Upper Skagit Indian Tribe	29559 Community Plaza Way	Sedro Woolley	WA	98284	3608547133	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	20	Shane Van Matre	Social Security Administration	250 NW Franklin Ave	Bend	OR	97703	8774051403	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	20	Ms. Sarah Jane Manske	South Central Kansas Aging and Disabilit	304 S Summit St	Arkansas City	KS	67005	6204420268	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	20	Sabrina Harris	NYC Department of Health & Mental Hygien	4209 28th St	11th Fl Long Island City	NY	11101	3473964659	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	20	Ms. Lee Criscuolo	Central Rappahannock Regional Library	806 Lyons Blvd	Fredricksburg	VA	22406	5408991703	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	20	Maria Ros	Manatee County Rural Health Services	712 39th St W	Bradenton	FL	34205	9414051178	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Barbara L Harbor	Harbor Health Insurance	19448 N 406 Rd	Newark	DE	19840	3024461556	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Ms. Stephanie Yocum	Survey Services for Seniors	60 Surrey Way	Devon	PA	19333	6100476404	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Ms. Shelly R Wall	Social Security Administration	134 Juniper Ct	Brunswick	GA	31520	8663316385	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Mr. Ryan Rosselli	Social Security Adm	2380 Garden Way	Hermitage	PA	16148	8775125950	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	FOUNTAIN VALLEY	SSA	17075 Newhope St	Fountain Valley	CA	92708	8773024226	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Ann Marie Megoulas	Dauphin County Library System	4501 Ehat St	Harrisburg	PA	17109	7175629380	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Mr. David Bowman	Social Security Administration	8208 9th Ave	Port Arhur	TX	77642	8669647296	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Ms. Amanda Nicole Ogle	Starkey Ranch Theatre Library Cultural C	12118 Lake Blanche Dr	Odessa	FL	33556	9046106421	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Ms. Catherine Chavez	AZ Department of Economic Service	1789 W Jefferson St	MD6288 Phoenix	AZ	85007	6024899635	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Michael Dalich	ALTCESW	1313 N Atlantic St	Ste 3000 Spokane	WA	99201	5097771592	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Alonzo Romero	Stimianis County Department of Aging & Senior Services	3500 Coffee Rd	Modesto	CA	95355	2065584540	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Marcia Pryce	CMS	61 Forsyth St SW	Atlanta	GA	30303	7708234258	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Janey Rykle	MacDonald Public Library	19480 E 1st St	Ste 41720 Baltimore	MD	21204	8007232038	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Connie Marney	Rep Tony McCombie office	9317B I Route 84	Savanna	IL	61074	8152918689	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Mrs. Romona Tillman	Three Rivers PDD	75 S Main St	Pontotoc	MS	38863	6624886902	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Ms. Allison Ryan	Somerset County Library System of N.J.-Mo	100 Community Dr	Skilman	NJ	08558	9084588430	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Mr. James C Wallace	SSA EHT NJ	1350 Doughty Rd	Edg Harbor Township	NJ	08234	8776248325	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Julian Carter	NWRC Northwest Regional Council	600 Lakesway Dr	Bellingham	WA	98225	3606766749	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Ms. Amanda Sedeno	Concho Valley Area Agency on Aging	5430 Link Rd	San Angelo	TX	76904	132523570	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Mrs. Gena Marie Baldwin	HCC Network	608 Missouri St	Waverly	MO	64096	60940932262	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Ms. Billie Jo Lister	SHCP	507 John Baker Dr	Crumpler	NC	28617	8287192350	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Mrs. Becky Adams	badams@netfln.org	311 Halfey St E	Jasper Public Library	FL	32052	3867922285	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Mrs. Camille A Childs	US Railroad Retirement Board	601 E 12th St	Rm G-47 Kansas City	MO	64106	8162564175	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Lonl Hitchcock	Area Agency On Aging	240 S Wood St	Bedford	PA	15522	8146238148	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Shannon Peterson	UCDD/AAAD/SHIP/SMP	1104 England Dr	Cookeville	TN	38501	9314761444	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Ms. Jessica Lynn Brown	Central Illinois Agency On Aging Library of the Smithfields	700 Hamilton Blvd	Peoria	IL	61603	3096742071	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Ashley LaVanway	CRF of United Way of Bartholomew County	5200 Millford Rd	East Stroudsburg	PA	18302	5702231881	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Michael Shay	Rep Dan Meuser	1304 Hutchins Ave	Columbus	IN	47201	8125523095	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Brittany Buzzelli	Butler County Area Agency on Aging	121 Progress Ave	Ste 110 Pottsville	PA	17901	5708716370	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Mrs. Linda GRAY	SSA	111 Sunnview Cir	Ste 101 Butler	PA	16001	7248230308	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	25	Mrs. Laura Crews	Senior Resources Agency on Aging	19 Ohio Ave	Middletown	NY	10441	8455687688	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	30	Mrs. Jackie Dee Bolin	SRP	590 Medical Park Dr	Norwich	CT	06380	8608873561	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	30	Ms. Eliza Burrett	US House of Representatives	33 E Broadway Ave	Marshall	NC	28753	8286493500	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	30	SHENG-TING CHIEN	IRS	400 Tradecenter	Meriden	ID	83642	2088953188	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	30	Mr. Jason Alexander Landrum	Moore Memorial Library	1701 9th Ave N	Ste 3890 Woburn	MA	01801	7818781031	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	30	Ms. Nancy Spray	Confederated Tribes of Coos, Lower Umpqua	1245 Fulton Ave	Texas City	TX	77590	4096435973	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	30	Kimberly A Craig	Warm Valley Health Care	29 Blackcoal Dr	Coos Bay	OR	97420	5418887518	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	30	Jessica Byrns	Howell Carnegie District Library	314 W Grand River Ave	Fort Washakie	WY	82514	3073355927	September, 2025
10050-LE	Medicare & You									

10050-L	Medicare & You 2026 (English Large Print)	50	Emily Billow	Seattle Public Library	1000 4th Ave	Seattle	WA	98104	2066840170	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Jennifer Golston	Moneta-SML Library	13641 Moneta Rd	Moneta	WA	24121	5404257004	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Joyce Gilbert	Senior Health Resource Center	11000 Echo Park Dr NE	Albuquerque	NM	87123	5053282366	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Mr. Clifford Briggs	SSA	2021 W Carpenter Rd	Flint	MI	48505	8777685672	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Debra Marx	NY State Assembly, District 04	3 Star Ridge Rd	Brewster	NY	10509	8452782923	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Erin Kenderlish	Central Appalachannock Regional Library	125 Olde Greenwch Dr	Frederickburg	VA	22408	5403721144	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Mrs. Nancy Fernandez	Lentay Family Service	10015 Grand Ave	Franklin Park	IL	60131	8474553929	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Ms. Glenda A Radical	Senior Community Services	1515 Lansdowne Ave	Darby	PA	19023	4844943769	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Alyssa Huskey	Missouri Connections for Health	104 Parkade Blvd	Columbia	MO	65202	8773817830	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	SALVADOR FLORES	Social Security Administration	250 N 7th Ave	Phoenix	AZ	85007	8663314292	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Mr. David Scott	Warren County-Vicksburg Public Library	700 Veto St	Vicksburg	MS	39180	6016396411	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Mrs. Loretta J Lee	PARKER I.H.S.	12033 Agency road	Parker	AZ	85344	9286693139	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Jamie Quinn	Social Security Administration	1435 E Venice Ave	Venice	FL	34292	8896762051	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Cathleen Bowley	St Pete Beach Library	365 73rd Ave	St Pete Beach	FL	33706	7273639222	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Ms. Helen D Johnson	INTERNAL REVENUE SERVICE - W&I	555 N Woodlawn St	Wichita	KS	67208	3166511966	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Congresswoman Mary Gay Scanlon	Congresswoman Scanlon	2501 Seaport Dr	Chester	PA	19013	6106262020	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Mr. David Dennewitz	Social Security Administration	550 Main St	Cincinnati	OH	45202	8666424106	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	MICHAEL W JAMES	SOCIAL SECURITY ADMINISTRATION	308 Creek Pl	Climduge	OK	74447	8552874791	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Mrs. Jessica Meredith	New Port Richey Public Library	5939 Main St	New Port Richey	FL	34652	7278531264	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Alexa Sawyer	St Pete Beach Library	365 73rd Ave	St Pete Beach	FL	33706	7273639238	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Emily Lebbby	Mid-Continent Public Library	6060 N Chestnut Ave	Gladstone	MO	64119	8164541306	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Debra Murphy	Boca Raton Public Library	400 NW 2nd Ave	Boca Raton	FL	33432	5615448596	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Ms. Leaboy Hodges	Jefferson County Library	5680 Highway Po	High Ridge	MO	63049	6366778186	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Ms. Cynthia Lewis-Williams	HELP THE PEOPLE PROGRAMS, INC	3567 Covington Hwy	Decatur	GA	30032	4049145632	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Mrs. Tammie Morin	Quentin N. Burdick	1300 Hospital Loop	Belcourt	NC	58516	7014778466	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Ms. Rachel Winter	Johnson County Aging and Human Services	11811 S Sunset Dr	Olathe	KS	66061	9137158855	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Ms. Carolyn Byrom	Social Security Administration	19503 E 8 Mile Rd	Saint Clair Shores	MI	48080	8774057890	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Rabeca C. Mayhew	US Railroad Retirement Board	721 19th St	Denver	CO	80202	3124692494	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Ms. Sara Gogan	Social Security Administration	10 Independence Dr	Hyannis	MA	02601	8664671426	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Shayla Reasonover-Burney	CMS Dallas	1301 Young St	Dallas	TX	75202	4699981553	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Ms. Arnetta Yancy	Community Advocate	84 Charles Dr	Bells	TN	38006	6075765212	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Ms. Jill Demico	South Brunswick Public Library	110 Kingston Ln	Monmouth Junction	NJ	08852	7323294000	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Andrea Howard	Health Care Partners of South Carolina	1708 Oak St	Conway	SC	29526	8432484700	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Ms. Angela Carter	Social Security Administration	3715 E Center Ave	Franklin	OH	45005	8774057890	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Theresa Schweizer	California County Office for the Aging	325 Columbia St	Hudson	NJ	12534	5188224258	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	50	Mr. Bryan S Shortino	Railroad Retirement Board	20 Washington Pl	Newark	NJ	07102	9736797839	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	60	Elizabeth Mary Hertel	Embrace Living Communities	250 Bientera Trl	Rockford	IL	61107	8153162383	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	60	Ms. Ashley Roulette	CHI St. Alexius Health	1031 7th St NE	Devils Lake	ND	58501	7016269998	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	70	Ms. Gloria ELENA Avian	Area Agency on Aging of Broward County	5300 N Hiatus Rd	Sunrise	FL	33351	9547459567	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	75	Ms. Darling Garcia	Elder Law of Michigan, Inc	3815 W Saint Joseph St	Lansing	MI	48917	5178532367	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	75	Armanda Martin	BCLS	45700 Center Ave	Bay City	MI	48708	9898992866	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	75	Mr. Ricardo Edmonds	Social Security Administration	12249 Pembroke Rd	Pembroke Pines	FL	33025	8666149664	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	80	Christine Griffin	Pasco County Library System	8012 Library Rd	Hudson	FL	34667	7278613160	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	80	Mr. Todd Layler	Los Angeles Firemen's Relief Assoc	7470 N. FIGUEROA ST	LOS ANGELES	CA	90041	3232595243	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Kelly Meadows	Disability Network washleamr Monroe lvi	3941 Research Park Dr	Ann Arbor	MI	48108	7349710277	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Ms. Mae Shepherd	EBMUD Retirement Services	375 11th St	CA	94607	5102087010	September, 2025		
10050-L	Medicare & You 2026 (English Large Print)	100	Ms. Alicia (Specfly) Knott	Bridging Communities Inc	6900 McGraw St	Detroit	MI	48210	3133616377	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Mr. Christopher Verdecie	Social Security	1046 Route 47 S	Rio Grande	NJ	08242	8773460688	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Mrs. Yuriko Robles	Community Choice dba Action Health	Partn	3/325	West Wenatchee	WA	98802	8007822115	September, 2025
10050-L	Medicare & You 2026 (English Large Print)	100	Rachael Forbes	Niles-Maine District Library	6960 W Gakton St	Niles	IL	60714	8476636428	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Stacia Garston	City of Irvine	290 Lake Rd	Irvine	CA	92604	9497246926	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Kelsey Hockaday	Disability Network Of Mid-Michigan	1705 S Saginaw Rd	Midland	MI	48640	9894305584	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Laurie Arredondo	Grand Prairie Public Library System	760 Bardin Rd	Grand Prairie	TX	75052	9722375773	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	COLT CARROLL	Cherokee Indian Hospital	ONE HOSPITAL DR	CHEROKEE	NC	28719	8284979163	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Ms. Peter Williams	Aging Ahead	14535 Manchester Rd	Baltimore	MD	63011	3142236668	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	JIM Haton	VACF	2426 Parkway Dr	Mount Pleasant	MI	48858	9897736918	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Ms. Kim Pham	VACF	17150 Newhope St	Fountain Valley	CA	92708	7147515805	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Ms. Meliah Martinez	North Texas Behavioral Health Authority	8111 Lyndon B Johnson Fwy	Dallas	TX	75251	4692999999	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Ms. Luciana Martinez	Southwest Kansas Area Agency on Aging	236 San Jose	Dodge City	KS	67801	6202258230	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Monique Weeks	The C.W. Williams Community Health Center	800 Clanton Rd	Charlotte	NC	28217	9109756099	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Mrs. Kelly Johnson	Ageways	32409 Warner Dr	Warren	MI	48092	2485101720	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Ms. Kendra Blythin	Washington State Office of the Insurance	1537 Weatherlane Ct	Fircroft	WA	98466	2064191197	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Mr. Terry Austin	Social Security Administration	149 W 18th St	Lake Charles	LA	70601	8774098431	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Mrs. Janine Wilson	Dept of Insurance- SHIBA	2005 N Ironwood Pkwy	Coeur D Alene	ID	83814	2066645480	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Ms. Karen Kolb	City of Chicago AAA	1615 W Chicago Ave	Chicago	IL	60622	3127431985	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Ms. MICHELLE NA BARRAH	STDC	1002 Cicely Ln	Laredo	TX	78043	9507223995	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Ms. Debbie Tucker	CSI Office On Aging	650 Adeline Ave west 4th floor Twin Fall	Filer	ID	83328	2087362122	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Mr. kALVIN Gomez	Social Security Administration	192 Commercial St	Malden	MA	02148	8665929436	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	DORI SILVERIA	HICAP	3350 W Mineral King Ave	Vialita	CA	93291	5591132875	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Mr. Tyler Anderson	Missouri SHIP	69105 E Valley Ave	Altamont	MT	59402	4082592499	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Ms. erin m thompson	SSA	4 Seagate	Toledo	OH	43604	8663311257	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Ms. Dianna Berry	Legal Aid Services of Oklahoma, Inc.	2915 N Classen Blvd	Oklahoma City	OK	73106	4052667728	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Ms. Charlene Reynolds	Social Security Administration	702 E Denmark Ave	Lufkin	TX	75901	8774084577	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Mrs. Ayrn Wilson	Missouri SHIP	1151 Lake Viking Ter	Baltimore	MD	64620	6695412339	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Mrs. Martha DeBenedetto	Social Security Administration	3300 Waters Rd	Pasadena	TX	77504	669318365	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Mr. Redrick Bickmore	Social Security Administration	88 W 100 N	Provo	UT	84601	8663669549	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Mr. KEITH A WEBB	SOCIAL SECURITY ADMINISTRATION	2302 W Pierce St	Carlsbad	NM	88220	8665869442	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Ms. Chelsea Johnson	Senior Connections	1300 Semmes Ave	Richmond	VA	23224	8043433053	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Mrs. Carrie Sylvia	Ateboro Public Library	74 N Main St	Ateboro	MA	02703	5082220157	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Ms. Olga Crespo	Social Security Administration	4238 Washington St	St Louis	MO	63131	8666847381	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Sarah Geffrey	Scott County Library	1615 Weston Ct	Shakopee	MN	55379	9524968010	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Mr. Chad A Palomo	Guam State Health Insurance Assistance P	130 University Dr	Mangilao	GU	96913	6717357415	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Mr. Scott McQuay	Social Security Administration	3608 E Kehl Ave	St Louis	MO	63108	6371512554	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Mr. Charleen Bryson	St. Petersburg Library System	1059 18th Ave S	St Petersburg	FL	33705	7278925635	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Ms. Millie Montoya	Area Agency on Aging	3702 Loop 322	Abilene	TX	79602	3257938417	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Daisy Veronica Garcia	YVCC RSVP- SHIBA	107 S 7th Ave	Yakima	WA	98902	5097590816	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Ayesha Godil	SLAA	1520 Market St	St Louis	MO	63103	3146571675	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Mrs. Emily Dovernann	Hawaii State Library	478 S King St	Honolulu	HI	96813	8085863477	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Scott Minniea	Primaris Foundation	2555 Stratford Chase Pkwy	Columbia	MO	65201	5738178300	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Mr. Ron Church	Ruffy-Holmes Senior Center	1120 S Martin Luther King Jr Ave	Salisbury	NC	28144	7042167704	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Mrs. Mistelle Lanko	Area Agency On Aging Region IV	2900 Lakesview Ave	Saint Joseph	MI	49085	2696827734	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Deana Doan	Shiawasee Council On Aging	300 N Washington St	Owosso	MI	48867	9897238875	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Taylor Kuzel	Onondaga County Office for Aging	421 Montomory Ave	Syracuse	NY	13202	6074272757	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Celeste Virago	Edmonds Waterfront Center	220 Railroad Ave	Edmonds	WA	98020	4256425222	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Ms. Synethia Carter	Social Security Administration	244 E Williamsburg Rd	Sandston	VA	23150	8048680780	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Mr. James Hartmann	Wanliang Public Library REFERENCE	3285 Park Ave	Wanliang	NY	11763	5162211200	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Matt Skuton	SSA	3402 Buttonwood Dr	Columbia	MO	65201	8665639108	September, 2025	
10050-L	Medicare & You 2026 (English Large Print)	100	Mr. Jimmy Martell	SSA	7012 W Hillsborough Ave	Tampa	FL	33634	8663311217	September, 2025</	

10050-LE	Medicare & You 2026 (English Large Print)	100	Edilton T Harrison	First Tennessee Area Agency on Aging	3211 N Roan St	Johnson City	TN	37601	4272225116	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	100	Mr. Bret Kuhns	Social Security Administration	3404 W 10th St	Sedalia	MO	65301	8774055459	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	100	Ms. Jessica Lynn Jones	Mediodge of St. Clair	14900 Sherrine Dr	Sterling Heights	MI	48313	5862474700	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	100	Heather Hall	Social Security Administration	250 W Cheryle St	Carbondale	IL	62901	8774054876	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	100	Mrs. Lynette M Maskewit	Department of Aging & Long Term Care	N1250 Spirit Island Trl	Keshena	WI	54135	7157996888	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	100	Mrs. Sonia Bhaskaran	Missouri Connections for Health	610 W Nifong Blvd	Columbia	MO	65203	5738178300	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	100	Stephanie Hirn	Social Security Administration	4906 Monroe St	Toledo	OH	43623	8773354107	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	100	Mrs. Hannah Williams Stone	Lower Savannah Council of Governments	2748 Wagener Rd	Alken	SC	29801	8035087053	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	100	Mrs. Beth Morgan	KIPDA	11520 Commonwealth Dr	Louisville	KY	40299	5027451851	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	2,300	Attn: PODOF	United Systems of Arkansas, Inc	4949 W Bethany Rd	North Little Rock	AR	72117	(800) 264-0812	September, 2025
10050-LE	Medicare & You 2026 (English Large Print)	2,300	Attn: Receiving Clerk	CMS	7500 Security Boulevard	Baltimore	MD	21244-1850	(410) 786-2948	September, 2025

### PRIVACY ACT

(a) The contractor agrees:

(1) to comply with the Privacy Act of 1974 and the rules and regulations issued pursuant to the Act in the design, development, or operation of any system of records on individuals in order to accomplish an agency function when the contract specifically identifies (i) the system or systems of records and (ii) the work to be performed by the contractor in terms of any one or combination of the following: (A) design, (B) development, or (C) operation;

(2) to include the solicitation notification contained in this contract in every solicitation and resulting subcontract and in every subcontract awarded without a solicitation when the statement of work in the proposed subcontract requires the design, development, or operation of a system of records on individuals to accomplish an agency function; and

(3) to include this clause, including this paragraph (3), in all subcontracts awarded pursuant to this contract which require the design, development, or operation of such a system of records.

(b) In the event of violations of the Act, a civil action may be brought against the agency involved where the violation concerns the design, development, or operation of a system of records on individuals to accomplish an agency function, and criminal penalties may be imposed upon the officers or employees of the agency where the violation concerns the operation of a system of records on individuals to accomplish an agency function. For purposes of the Act when the contract is for the operation of a system of records on individuals to accomplish an agency function, the contractor and any employee of the contractor is considered to be an employee of the agency.

(c) The terms used in this clause have the following meanings:

(1) "Operation of a system of records" means performance of any of the activities associated with maintaining the system of records including the collection, use, and dissemination of records.

(2) "Record" means any item, collection or grouping of information about an individual that is maintained by an agency, including, but not limited to, his education, financial transactions, medical history, and criminal or employment history and that contains his name, or the identifying number, symbol, or other identifying particular assigned to the individual, such as a finger or voice print or a photograph.

(3) "System of records" on individuals means a group of any records under the control of any agency from which information is retrieved by the name of the individual or by some identifying number, symbol, or other identifying particular assigned to the individual.

Additional information regarding the CMS EFT Infrastructure can be found at the following link:

<http://www.cms.hhs.gov/SystemLifecycleFramework/Downloads/EFTInfrastructure.pdf>

Software: Contractor will need Internet browser, the browser must be Internet Explorer 5.0 or above, or you can use GIS-compatible secure File Transfer Protocol Client (FTP).

The contractor must provide all mailing materials, as well as all labeling and marking, as necessary to fulfill mailing and distribution requirements. Noncompliance with the packing and labeling instructions will be cause for the Government to take corrective action in accordance with GPO Pub. 310.2.



## Exhibit A

### CMS CLAUSE 11: CMS INFORMATION SECURITY PAGE 1 OF 2

**CMS Clause-11**  
**CMS Information Security**  
**Date: April 2008**  
Page 1 of 2

This clause applies to all organizations which possess or use Federal information, or which operate, use or have access to Federal information systems (whether automated or manual), on behalf of CMS.

The central tenet of the CMS Information Security (IS) Program is that all CMS information and information systems shall be protected from unauthorized access, disclosure, duplication, modification, diversion, destruction, loss, misuse, or theft—whether accidental or intentional. The security safeguards to provide this protection shall be risk-based and business-driven with implementation achieved through a multi-layered security structure. All information access shall be limited based on a least-privilege approach and a need-to-know basis, i.e., authorized user access is only to information necessary in the performance of required tasks. Most of CMS' information relates to the health care provided to the nation's Medicare and Medicaid beneficiaries, and as such, has access restrictions as required under legislative and regulatory mandates.

The CMS IS Program has a two-fold purpose:

- (1) To enable CMS' business processes to function in an environment with commensurate security protections, and
- (2) To meet the security requirements of federal laws, regulations, and directives.

The principal legislation for the CMS IS Program is Public Law (P.L.) 107-347, Title III, *Federal Information Security Management Act of 2002 (FISMA)*, <http://csrc.nist.gov/drivers/documents/FISMA-final.pdf>. FISMA places responsibility and accountability for IS at all levels within federal agencies as well as those entities acting on their behalf. FISMA directs Office of Management and Budget (OMB) through the Department of Commerce, National Institute of Standards and Technology (NIST), to establish the standards and guidelines for federal agencies in implementing FISMA and managing cost-effective programs to protect their information and information systems. As a contractor acting on behalf of CMS, this legislation requires that **the Contractor shall**:

- Establish senior management level responsibility for IS,
- Define key IS roles and responsibilities within their organization,
- Comply with a minimum set of controls established for protecting all Federal information, and
- Act in accordance with CMS reporting rules and procedures for IS.

Additionally, the following laws, regulations and directives and any revisions or replacements of same have IS implications and are applicable to all CMS contractors.

- P.L. 93-579, *The Privacy Act of 1974*,  
<http://www.usdoj.gov/oip/privstat.htm>, (as amended);
- P.L. 99-474, *Computer Fraud & Abuse Act of 1986*,  
[www.usdoj.gov/criminal/cybercrime/ccmanual/01ccma.pdf](http://www.usdoj.gov/criminal/cybercrime/ccmanual/01ccma.pdf) P.L. 104-13,

**EXHIBIT A**  
**CMS CLAUSE 11: CMS INFORMATION SECURITY**  
**PAGE 2 OF 2**

**CMS Clause-11**  
**CMS Information Security**  
**Date: April 2008**  
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*Paperwork Reduction Act of 1978, as amended in 1995, U.S. Code 44 Chapter 35, [www.archives.gov/federal-register/laws/paperwork-reduction](http://www.archives.gov/federal-register/laws/paperwork-reduction);*

- P.L. 104-208, *Clinger-Cohen Act of 1996* (formerly known as the Information Technology Management Reform Act),  
[http://www.cio.gov/Documents/it\\_management\\_reform\\_act\\_Feb\\_1996.html](http://www.cio.gov/Documents/it_management_reform_act_Feb_1996.html);
- P.L. 104-191, *Health Insurance Portability and Accountability Act of 1996* (formerly known as the Kennedy-Kassenbaum Act)  
<http://aspe.hhs.gov/admsimp/pl104191.htm>;
- OMB Circular No. A-123, *Management's Responsibility for Internal Control*, December 21, 2004,  
[http://www.whitehouse.gov/omb/circulars/a123/a123\\_rev.html](http://www.whitehouse.gov/omb/circulars/a123/a123_rev.html);
- OMB Circular A-130, *Management of Federal Information Resources*, Transmittal 4, November 30, 2000,  
<http://www.whitehouse.gov/omb/circulars/a130/a130trans4.html>;
- NIST standards and guidance, <http://csrc.nist.gov/>; and,
- Department of Health and Human Services (DHHS) regulations, policies, standards and guidance <http://www.hhs.gov/policies/index.html>

These laws and regulations provide the structure for CMS to implement and manage a cost-effective IS program to protect its information and information systems. Therefore, **the Contractor shall** monitor and adhere to all IT policies, standards, procedures, directives, templates, and guidelines that govern the CMS IS Program, <http://www.cms.hhs.gov/informationsecurity> and the CMS System Lifecycle Framework, <http://www.cms.hhs.gov/SystemLifecycleFramework>.

**The Contractor shall** comply with the CMS IS Program requirements by performing, but not limited to, the following:

- Implement their own IS program that adheres to CMS IS policies, standards, procedures, and guidelines, as well as industry best practices;
- Participate and fully cooperate with CMS IS audits, reviews, evaluations, tests, and assessments of contractor systems, processes, and facilities;
- Provide upon request results from any other audits, reviews, evaluations, tests and/or assessments that involve CMS information or information systems;
- Report and process corrective actions for all findings, regardless of the source, in accordance with CMS procedures;
- Document its compliance with CMS security requirements and maintain such documentation in the systems security profile;
- Prepare and submit in accordance with CMS procedures, an incident report to CMS of any suspected or confirmed incidents that may impact CMS information or information systems; and
- Participate in CMS IT information conferences as directed by CMS.

**EXHIBIT B**  
**CMS CLAUSE 09A-01 SECURITY CLAUSE**  
**PAGE 1 OF 5**

**CMS Clause-09A-01**  
**Security Clause – New Contract Awards**  
**Date: May 2007**  
Page 1 of 5

**CMS SPECIFIC PROVISIONS FOR ALL NEW SOLICITATIONS AND CONTRACTS:**

**Security Clause -Background - Investigations for Contractor Personnel**

If applicable, Contractor personnel performing services for CMS under this contract, task order or delivery order shall be required to undergo a background investigation. CMS will initiate and pay for any required background investigation(s).

After contract award, the CMS Project Officer (PO) and the Security and Emergency Management Group (SEMG), with the assistance of the Contractor, shall perform a position-sensitivity analysis based on the duties contractor personnel shall perform on the contract, task order or delivery order. The results of the position-sensitivity analysis will determine first, whether the provisions of this clause are applicable to the contract and second, if applicable, determine each position's sensitivity level (i.e., high risk, moderate risk or low risk) and dictate the appropriate level of background investigation to be processed. Investigative packages may contain the following forms:

1. SF-85, Questionnaire for Non-Sensitive Positions, 09/1995
2. SF-85P, Questionnaire for Public Trust Positions, 09/1995
3. OF-612, Optional Application for Federal Employment, 12/2002
4. OF-306, Declaration for Federal Employment, 01/2001
5. Credit Report Release Form
6. FD-258, Fingerprint Card, 5/99, and
7. CMS-730A, Request for Physical Access to CMS Facilities (NON-CMS ONLY), 11/2003.

The Contractor personnel shall be required to undergo a background investigation commensurate with one of these position-sensitivity levels:

***1) High Risk (Level 6)***

Public Trust positions that would have a potential for exceptionally serious impact on the integrity and efficiency of the service. This would include computer security of a major automated information system (AIS). This includes positions in which the incumbent's actions or inaction could diminish public confidence in the integrity, efficiency, or effectiveness of assigned government activities, whether or not actual damage occurs, particularly if duties are especially critical to the agency or program mission with a broad scope of responsibility and authority.

Major responsibilities that would require this level include:

- a. development and administration of CMS computer security programs, including direction and control of risk analysis and/or threat assessment;

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- b. significant involvement in mission-critical systems;
- c. preparation or approval of data for input into a system which does not necessarily involve personal access to the system but with relatively high risk of causing grave damage or realizing significant personal gain;
- d. other responsibilities that involve relatively high risk of causing damage or realizing personal gain;
- e. policy implementation;
- f. higher level management duties/assignments or major program responsibility; or
- g. independent spokespersons or non-management position with authority for independent action.

**2) Moderate Risk (Level 5)**

Level 5 Public Trust positions include those involving policymaking, major program responsibility, and law enforcement duties that are associated with a "Moderate Risk." Also included are those positions involving access to or control of unclassified sensitive, proprietary information, or financial records, and those with similar duties through which the incumbent can realize a significant personal gain or cause serious damage to the program or Department. Responsibilities that would require this level include:

- a. the direction, planning, design, operation, or maintenance of a computer system and whose work is technically reviewed by a higher authority at the High Risk level to ensure the integrity of the system;
- b. systems design, operation, testing, maintenance, and/or monitoring that are carried out under the technical review of a higher authority at the High Risk level;
- c. access to and/or processing of information requiring protection under the Privacy Act of 1974;
- d. assists in policy development and implementation;
- e. mid-level management duties/assignments;
- f. any position with responsibility for independent or semi-independent action; or
- g. delivery of service positions that demand public confidence or trust.

**3) Low Risk (Level 1)**

Positions having the potential for limited interaction with the agency or program mission, so the potential for impact on the integrity and efficiency of the service is small. This includes computer security impact on AIS.

The Contractor shall submit the investigative package(s) to SEMG within three (3) days after being advised by the SEMG of the need to submit packages. Investigative packages shall be submitted to the following address:

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Centers for Medicare & Medicaid Services  
Office of Operations Management  
Security and Emergency Management Group  
Mail Stop SL-13-15  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850

The Contractor shall submit a copy of the transmittal letter to the Contracting Officer (CO).

Contractor personnel shall submit a CMS-730A (Request for Badge) to the SEMG (see attachment in Section J). The Contractor and the PO shall obtain all necessary signatures on the CMS-730A prior to any Contractor employee arriving for fingerprinting and badge processing.

The Contractor must appoint a Security Investigation Liaison as a point of contact to resolve any issues of inaccurate or incomplete form(s). Where personal information is involved, SEMG may need to contact the contractor employee directly. The Security Investigation Liaison may be required to facilitate such contact.

SEMG will fingerprint contractor personnel and send their completed investigative package to the Office of Personnel Management (OPM). OPM will conduct the background investigation. Badges will not be provided by SEMG until acceptable finger print results are received; until then the contractor employee will be considered an escorted visitor. The Contractor remains fully responsible for ensuring contract, task order or delivery order performance pending completion of background investigations of contractor personnel.

SEMG shall provide written notification to the CO with a copy to the PO of all suitability decisions. The PO shall then notify the Contractor in writing of the approval of the Contractor's employee(s), at that time the Contractor's employee(s) will receive a permanent identification badge. Contractor personnel who the SEMG determines to be ineligible may be required to cease working on the contract immediately.

The Contractor shall report immediately in writing to SEMG with copies to the CO and the PO, any adverse information regarding any of its employees that may impact their ability to perform under this contract, task order or delivery order. Reports should be based on reliable and substantiated information, not on rumor or innuendo. The report shall include the contractor employee's name and social security number, along with the adverse information being reported.

Contractor personnel shall be provided an opportunity to explain or refute unfavorable information found in an investigation to SEMG before an adverse adjudication is made. Contractor personnel may request, in writing, a copy of their own investigative results by contacting:

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Office of Personnel Management  
Freedom of Information  
Federal Investigations Processing Center  
PO Box 618  
Boyers, PA 16018-0618.

At the Agency's discretion, if an investigated contractor employee leaves the employment of the contractor, or otherwise is no longer associated with the contract, task order, or delivery order within one (1) year from the date the background investigation was initiated by CMS, then the Contractor may be required to reimburse CMS for the full cost of the investigation. The amount to be paid by the Contractor shall be due and payable when the CO submits a written letter notifying the Contractor as to the cost of the investigation. The Contractor shall pay the amount due within thirty (30) days of the date of the CO's letter by check made payable to the "United States Treasury." The Contractor shall provide a copy of the CO's letter as an attachment to the check and submit both to the Office of Financial Management at the following address:

Centers for Medicare & Medicaid Services  
PO Box 7520  
Baltimore, Maryland 21207

The Contractor must immediately provide written notification to SEMG (with copies to the CO and the PO) of all terminations or resignations of Contractor personnel working on this contract, task order or delivery order. The Contractor must also notify SEMG (with copies to the CO and the PO) when a Contractor's employee is no longer working on this contract, task order or delivery order.

At the conclusion of the contract, task order or delivery order and at the time when a contractor employee is no longer working on the contract, task order or delivery order due to termination or resignation, all CMS-issued parking permits, identification badges, access cards, and/or keys must be promptly returned to SEMG. Contractor personnel who do not return their government-issued parking permits, identification badges, access cards, and/or keys within 48 hours of the last day of authorized access shall be permanently barred from the CMS complex and subject to fines and penalties authorized by applicable federal and State laws.

**Work Performed Outside the United States and its Territories**

The contractor, and its subcontractors, shall not perform any activities under this contract at a location outside of the United States, including the transmission of data or other information outside the United States, without the prior written approval of the Contracting Officer. The factors that the Contracting Officer will consider in making a decision to authorize the performance of work outside the United States include, but are not limited to the following:

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1. All contract terms regarding system security
2. All contract terms regarding the confidentiality and privacy requirements for information and data protection
3. All contract terms that are otherwise relevant, including the provisions of the statement of work
4. Corporate compliance
5. All laws and regulations applicable to the performance of work outside the United States
6. The best interest of the United States

In requesting the Contracting Officer's authorization to perform work outside the United States, the contractor must demonstrate that the performance of the work outside the United States satisfies all of the above factors. If, in the Contracting Officer's judgment, the above factors are not fully satisfied, the performance of work outside the United States will not be authorized. Any approval to employ or outsource work outside of the United States must have the concurrence of the CMS SEMG Director or designee.



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**FAQ SUPPLEMENT TO CMS SECURITY CLAUSE 09A-01**  
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**FAQ Supplement to CMS Security Clause 09A-01**

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CMS Security Clause 09A-01 is a mandatory clause required in all CMS contracts that require background investigations. This Frequently Asked Questions (FAQ) Supplement provides additional information specific to CMS print/mail contracts.

**Acronyms**

CMS – Centers for Medicare & Medicaid Services, Department of Health and Human Services  
OMB – Office of Management and Budget, Executive Office of the President  
OPM – United States Office of Personnel Management  
PO – CMS Project Officer  
PS – CMS Printing Specialist  
PSC -- Program Support Center, Department of Health and Human Services  
PII – Personally Identifiable Information (i.e. beneficiary name and address)  
PIV – Personal Identity Verification  
SEMG – CMS Security & Emergency Management Group

**Who must apply for and receive a background investigation?**

Contractor personnel with access to CMS' beneficiary PII under this contract *may be* required to undergo a background investigation. At a minimum, the two applicants for access to the Gentran mailbox *must* undergo a background investigation anticipated to be at a Public Trust Level 5. Depending on the outcome of the Preaward Security Survey and/or discussion at the Postaward Conference, additional contractor employees and/or subcontractors may be required to undergo background investigations. It is possible that everyone with access to the data processing and production areas, including janitors and maintenance technicians, must undergo a background investigation. SEMG and the PO will make this determination at the Postaward Conference.

**Will production employees working on a different production line in the same room be subject to a CMS investigation? Even if they aren't working on a CMS job?**

That will be determined by SEMG and the PO at the Postaward Conference. Depending on the sensitivity of the CMS job, it may be necessary to perform a background investigation on everyone with access to all work areas that contain CMS PII during performance of this contract. However, if the production line running the CMS job has limited and controlled access from other production lines, then workers outside of this area would not be subject to a CMS investigation.

**What is a Security Investigation Liaison?**

The contractor must appoint a Security Investigation Liaison to handle confidential personnel issues that may arise at any point during the background investigation process, and to serve as a point of contact to the Government for background investigation issues. The Liaison's duties will include attending the Postaward Conference, submitting background applications timely, and resolving any issues of inaccurate or incomplete data supplied by background investigation applicants. Where personal information is involved, SEMG may need to contact the background investigation applicant directly. The Security Investigation Liaison may be required to facilitate such contact. It is up to the contractor to decide if this should be the same or a different person who handles technical issues.

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**Where may I find copies of the forms listed in CMS Security Clause 09A-01?**

Forms SF-85, SF-85P, OF-612, and OF-306 can be found on: [www.forms.gov](http://www.forms.gov). However, applicants may not actually fill out these forms. These forms are listed for the similar data to be collected through "e-QIP" an online background investigation application process; more about that later in this FAQ.

The Credit Report Release Form and the FD-258 Fingerprint Card will be provided if deemed applicable at the Postaward Conference.

Form CMS-730A is provided as an attachment to this contract, contractor may reproduce as necessary at no cost to the Government. Contractor must submit a completed CMS-730A for each background investigation applicant to the PS within 5 workdays after notification by the PS. Original signatures are required on this form; therefore, photocopied signatures or fax transmission is not acceptable.

The Contractor is also required to submit a PIV Spreadsheet listing all background investigation applicants. This Microsoft Excel spreadsheet will be provided to the contractor by the PS after the Postaward Conference. The PIV Spreadsheet collects the following information for each background investigation applicant: SSN, Last Name, First Name, Middle Name, Suffix, Birth Date, City of Birth, County of Birth, Country of Birth, E-mail Address, Home Phone, Previous Federal Government Background Investigations Performed, and Contracting Firm.

Send completed forms to the PS; not to the SEMG address listed on page 3 of the attached CMS Clause-09A-01. As soon as the completed forms are prepared for shipment, the contractor must e-mail transmittal information (carrier, tracking numbers, estimated time of arrival at CMS) to the PS. Email addresses will be provided at the Postaward Conference.

**What is "e-QIP"?**

E-QIP is a secure internet website sponsored by OPM for submission of background investigation information. After receipt of the properly completed CMS-730A forms and PIV spreadsheet, SEMG will notify Contractor's Security Liaison that background investigation applicants are invited to enter "e-QIP". Background investigation applicants will have a 14 calendar day window to complete the e-QIP online submission. The information requested in e-QIP is similar to Forms SF-85 and SF-85P. OMB has estimated the time to complete the e-QIP application takes an average of 120 minutes. At time of e-QIP invitation notification, SEMG will also notify the Security Liaison if paper copies of Forms OF-612 and OF-306 must also be submitted by the applicants within the same 14 day window. Potential bidders may find additional information about e-QIP on the internet at: <http://www.opm.gov/e-qip/>.

**Why do I have to fill out a "Request for Physical Access to CMS Facilities" form?**

While it is not anticipated that any contractor personnel will need physical access to CMS property, Form CMS-730A is also used to authorize CMS to perform a background investigation and to certify receipt of Privacy Act information by the applicant. Failure to provide a completed Form CMS-730A will cause a denial of access to CMS computer systems.

**Why do I have to travel to CMS Central Office for fingerprinting?**

CMS prefers to process electronic fingerprints generated in CMS or PSC offices. Electronic fingerprinting services are available at no cost at the CMS Central Office in Baltimore, and for a fee at each of the regional PSC offices. PSC offices are located in downtown Federal buildings in

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the following cities: Boston, New York City, Philadelphia, Atlanta, Chicago, Dallas, Kansas City, Denver, San Francisco, and Seattle. Information regarding PSC locations, hours, fees, and procedures may be obtained by emailing: [security@psc.hhs.gov](mailto:security@psc.hhs.gov).

If the contractor is unable to go to the above locations for electronic fingerprints, CMS will allow the contractor to obtain ink fingerprints (non-electronic) from their local police department. **Two sets** of ink fingerprints on FD-258 hard cards must be submitted to CMS directly from the police department. CMS will supply the contractor with blank FD-258 hard cards and a self addressed, stamped Priority Mail envelope for the contractor to give the police department for return of the fingerprint cards to CMS.

At the Postaward Conference, the contractor must be prepared to discuss where fingerprints will be obtained.

**A number of my employees have undergone background checks by another Federal agency. Do they have to repeat the process for CMS?**

That will be decided by SEMG and the PO at the Postaward Conference. If the employee performs a duty that requires a background investigation, and they have had a background investigation successfully performed by another Federal entity within the last year, then they may not have to repeat the entire process. That employee will still have to submit a CMS-730A and be listed on a PIV spreadsheet.

**What happens if I don't report terminations, resignations, or adverse information of cleared people? If I do, you are going to charge me up to \$2,900 for the cost of the investigation.**

The person assigned the User ID, and the contractor's company, remains responsible for all data collected via the Gentran mailbox. Failure to report terminations and resignations could result in this contract being terminated for default.

Reporting of adverse information will be investigated by SEMG and handled appropriately considering the nature of the adverse information. It is possible the User ID may be terminated immediately and the contractor may have to initiate clearance for another employee.

**Is the investigation good for the entire term of the contract, including all option years?**

Access to the Gentran mailbox must be renewed annually or the User ID will be revoked. The CMS-730A and PIV spreadsheet must also be submitted annually. Fingerprinting and entering data into e-QIP should only occur once unless there are changes to the employee's record that necessitate updates.

**Is it possible that I can perform work outside the United States and its Territories?**

No, not on contracts for CMS print/mail requirements.

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**Applicant Instructions for Completing Form HHS-745, "HHS ID Badge Request"**

Section A collects identifying information about Applicants needed to issue an HHS ID Badge. In some Federal agencies, Sponsors or other authorized officials will complete this section for Applicants. If you are an Applicant and are asked to complete Section A, follow the instructions below. During the ID Badge issuing process, you also will be asked to complete Section F.

***Clearly print all information except for your signature.***

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**Section A**

1. Check the appropriate box to indicate why a new HHS ID Badge is being issued. If you check "Other," please indicate the reason in the space provided.
2. Enter your full legal name on the first line. If you have used other name(s), enter these names on the "Other Name(s) Used" line.
3. Enter your date of birth in mm/dd/yyyy format.
4. Enter your place of birth (city and state if born in the U.S. or city and country if foreign born).
5. Enter your Social Security Number (xxx-xx-xxxx).
6. Check whether you are a U.S. citizen. If you are not a U.S. citizen, enter the country where you are a citizen.
7. Enter your position title (include series and grade level).
8. Enter where you will be working. This could include the center, office, group, division, or institute. If you are a contractor Applicant, enter the organizational chain for the COTR's or Project Officer's division.
9. Enter the physical location (building and office) of your office, work area, or contract office.
10. Enter your work telephone number. If none, then list Contract Officer's, COTR's, or Project Officer's telephone number.
11. Enter your email address.

***Contractors and others employed outside the Federal government, complete items 12 through 14.***

12. Enter your company's name.
13. Enter your company's address.
14. Enter your company's telephone number.

***All Applicants complete items 15 and 16.***

15. Sign to authorize HHS to conduct the identity proofing/verification process and to certify that you understand that actions may be taken against you if you provide false information on this form.
16. Enter the date you signed.

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**Sections B, C, D, and E will be completed by HHS.**

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**Section F**

You will be given a copy of the Privacy Act Statement for this HHS ID Badge Request form and HHS ID Badge Rules.

72. Sign your name to certify that you have read and understand the Privacy Act Statement and HHS ID Badge Rules and that you agree to follow the HHS ID Badge rules.
73. Enter the date of your signature.

DEPARTMENT OF HEALTH AND HUMAN SERVICES <b>Department of Health and Human Services (HHS)</b> <b>Identification (ID) Badge Request</b> <i>(Other Federal Departments may call this type of ID badge a          Personal Identity Verification [PIV] card)</i>	HHS ID BADGE ISSUING FACILITY IDENTIFICATION NUMBER
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**Privacy Act Statement:** The information on this form is collected by the Department of Health and Human Services (HHS) to issue you an identification badge called the HHS ID Badge. The purpose of the ID Badge is to help ensure the safety and security of government buildings, the people who work in them, and government computer systems. When you use your ID Badge an ID Badge system will verify that you are authorized to use government facilities. The system also will track and control the ID Badges that are issued. The authority to collect this information is 5 U.S.C. § 301; Presidential Memorandum on Upgrading Security at Federal Facilities, June 28, 1995; and Homeland Security Presidential Directive 12, August 27, 2004. The authority to request your Social Security number is Executive Order 9397. The disclosure of your Social Security number is voluntary, but it will assist in verifying your identity to process this application. The information on this form may be disclosed only with your written consent, except where permitted by the Privacy Act. The disclosures permitted by the Privacy Act include disclosure to: the Department of Justice, a court, or other government officials when the records are relevant and necessary to a law suit; the appropriate public authority (Federal, foreign, State, local, tribal, or otherwise) to enforce, investigate, or prosecute, when a record indicates a violation of law or regulation; a Member of Congress or congressional staff member at your written request; the National Archives and Records Administration for records management inspections; authorized Federal contractors, grantees, or volunteers who need access to the records to do agency work and who have agreed to comply with the Privacy Act; any source that has records an agency needs to decide whether to retain an employee, continue a security clearance, or agree to a contract, grant, license or benefit; Federal, State, or local agencies, entities, individuals, or foreign governments to enable an intelligence agency to carry out its responsibilities; the Office of Management and Budget to evaluate private relief legislation; and to other Federal agencies to notify them when your ID Badge is no longer valid. If you do not provide all of the requested information, we may deny you an ID Badge. Without an ID Badge, you will not have access to certain Federal facilities or systems. If using an ID Badge is a condition of your employment, not providing the information may prevent you from being able to work.

<b>A. Applicant Information</b> <i>(To be completed by Applicant, Sponsor, or Authorized Official)</i>			
1. REASON FOR ISSUANCE <input type="checkbox"/> New Application <input type="checkbox"/> Renewal <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input type="checkbox"/> Expired <input type="checkbox"/> Other (specify): _____			
2. NAME (Last, First, Middle)		OTHER NAME(S) USED	
3. DATE OF BIRTH (mm/dd/yyyy)	4. PLACE OF BIRTH City	State or Province	Country
5. SOCIAL SECURITY NUMBER (xxx-xx-xxxx)	6. U.S. CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No (specify citizenship): _____		
7. POSITION TITLE		8. AGENCY / DIVISION	
9. BUILDING / OFFICE ADDRESS		10. WORK PHONE	
		11. EMAIL	
<b>For Contractors, complete lines 12 through 14</b>			
12. ORGANIZATION / COMPANY NAME		13. ADDRESS OF ORGANIZATION / COMPANY	
14. TELEPHONE OF ORGANIZATION / COMPANY			
<b>To be completed by Applicant</b>			
I hereby authorize the release of information in this application to appropriate Federal agencies for the purposes of processing this application and verifying my identity. I also acknowledge that if I knowingly provide or assist in the provision of false information or non-verifiable information, and/or I purposely omit information, it could result in loss of access to HHS facilities and IT systems and in disciplinary action including removal from Federal service or a Federal contract, and I may be subject to prosecution under applicable Federal criminal and civil statutes.			
15. APPLICANT SIGNATURE		16. DATE (mm/dd/yyyy)	

APPLICANT NAME

**B. HHS ID Badge Request** (To be completed by Sponsor, after Section A has been completed)17. ID BADGE TYPE (choose **ALL** that apply)

☐ Foreign National    ☐ HHS Employee    ☐ Other Federal Employee: \_\_\_\_\_  
☐ Contractor    ☐ Organizational Affiliate: \_\_\_\_\_

18. EMERGENCY RESPONDER

☐ Yes    ☐ No

19. POSITION SENSITIVITY LEVEL

☐ Non-Sensitive (1)    ☐ National Security/Top Secret - SCI (4)  
☐ National Security/Secret or Confidential (2)    ☐ Public Trust/Moderate Risk (5)  
☐ National Security/Top Secret (3)    ☐ Public Trust/High Risk (6)

20. ID BADGE EXPIRATION DATE  
(mm/dd/yyyy)**For Contractors, complete lines 21 through 27****PROJECT OFFICER INFORMATION (if not Sponsor)**

21. NAME (Last, First, Middle)

22. CENTER/OFFICE/GROUP/DIVISION

23. POSITION TITLE

24. WORK PHONE

25. EMAIL

I certify that the above Applicant will be participating on the contract identified on this form.

26. PROJECT OFFICER SIGNATURE

27. DATE (mm/dd/yyyy)

**SPONSOR INFORMATION**

28. NAME (Last, First, Middle)

29. SPONSOR ID NUMBER (or complete lines 30-33)

30. AGENCY/DIVISION

31. POSITION TITLE

32. WORK PHONE

33. EMAIL

**For Contractors, complete lines 34 - 36**

34. APPLICANT CONTRACT NO.

35. CONTRACT START (mm/dd/yyyy)

36. CONTRACT EXPIRATION (mm/dd/yyyy)

I agree to sponsor the above Applicant for an HHS ID Badge and certify that the information provided in Sections A and B are complete and accurate to the best of my knowledge. I hereby acknowledge that if I knowingly provide or assist in the provision of false information, non-verifiable information, and/or I purposely omit information, I may be subject to disciplinary action up to and including removal from the Federal service and I may be subject to prosecution under applicable Federal criminal and civil statutes.

37. SPONSOR SIGNATURE

38. DATE (mm/dd/yyyy)

**C. Identity Proofing** (To be completed by Sponsor, Enrollment Official, or Registrar after Section B has been completed)

If the Applicant does not require a background investigation and is in possession of an undamaged, uncompromised, unexpired HHS ID Badge, you may complete all of Section C or only complete items 41-42 and 49-50.

39. COPIES OF ID SOURCE DOCUMENTS ATTACHED?    ☐ Yes    ☐ No40. DID APPLICANT PRESENT TWO FORMS OF IDENTIFICATION, ONE OF WHICH WAS A PHOTO ID ISSUED BY A STATE OR THE FEDERAL GOVERNMENT?    ☐ Yes    ☐ No**IDENTITY PROOFER INFORMATION**

41. NAME (LAST, FIRST, MIDDLE)

42. IDENTITY PROOFER ID NUMBER

**IDENTITY SOURCE DOCUMENT ONE**

43. NAME

44. DOC. TITLE

45. DOC. EXPIRATION DATE (mm/dd/yyyy)

**IDENTITY SOURCE DOCUMENT TWO**

46. NAME

47. DOC. TITLE

48. DOC. EXPIRATION DATE (mm/dd/yyyy)

I certify that the above Applicant appeared before me and presented two ID source documents, which to the best of my knowledge appeared to be genuine, or presented an undamaged uncompromised, unexpired HHS ID Badge and does not require a background investigation. I hereby acknowledge that if I knowingly provide or assist in the provision of false information, non-verifiable information, and/or I purposely omit information, I may be subject to disciplinary action up to and including removal from the Federal service, and I may be subject to prosecution under applicable Federal criminal and civil statutes.

49. ID PROOFER SIGNATURE

50. DATE (mm/dd/yyyy)

APPLICANT NAME

**D. HHS ID Badge Approval** *(To be completed by Registrar, after Section C has been completed)*

If the Applicant does not require a background investigation and is in possession of an undamaged, uncompromised, unexpired HHS ID Badge, you may complete all of Section D or only complete items 51 and 57-60.

51. RECIPROCITY VERIFIED (if applicable) PIPS RECORD ATTACHED  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	52. TYPE OF BACKGROUND INVESTIGATION TO COMPLETE  <input type="checkbox"/> SAC <input type="checkbox"/> CNACI <input type="checkbox"/> ANACI <input type="checkbox"/> BI <input type="checkbox"/> NAC <input type="checkbox"/> NACIC <input type="checkbox"/> MBI <input type="checkbox"/> SSBI <input type="checkbox"/> NACI <input type="checkbox"/> NACLC <input type="checkbox"/> LBI <input type="checkbox"/> SSBI-PR
53. FBI FINGERPRINT CHECK RESULTS RECEIVED (mm/dd/yyyy)	54. FAVORABLE RESULTS? <input type="checkbox"/> Yes <input type="checkbox"/> No
55. BACKGROUND INVESTIGATION COMPLETED (mm/dd/yyyy)	<b>REGISTRAR INFORMATION</b>
56. COMMENTS	57. NAME (Last, First, Middle)
	58. REGISTRAR ID NUMBER

I hereby ☐ Approve   ☐ Disapprove   issuance of an HHS ID Badge to the above-named Applicant. I hereby acknowledge that if I knowingly provide or assist in the provision of false information, non-verifiable information, and/or I purposely omit information, I may be subject to disciplinary action up to and including removal from the Federal service, and I may be subject to prosecution under applicable Federal criminal and civil statutes.

59. REGISTRAR SIGNATURE	60. DATE (mm/dd/yyyy)
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**E. HHS ID Badge Details** *(To be completed by Issuer, after Section D has been completed)*

61. NAME ON ID BADGE	<b>ISSUER INFORMATION</b>
62. ID BADGE NUMBER	64. NAME (Last, First, Middle)
63. ID BADGE EXPIRATION DATE (mm/dd/yyyy)	65. ISSUER ID NUMBER

- ☐ I confirm that the (1) ID Badge Request received from the Sponsor is valid, and (2) approval notification received from the Registrar is valid.
- ☐ I have verified that the individual collecting the ID Badge is the Applicant and have issued the ID Badge to the Applicant.
- ☐ I have mailed the ID Badge and this form to \_\_\_\_\_  
in Remote Office \_\_\_\_\_ on this date (mm/dd/yyyy) \_\_\_\_\_.

I hereby acknowledge that if I knowingly provide or assist in the provision of false information, non-verifiable information, and/ or I purposely omit information, I may be subject to disciplinary action up to and including removal from the Federal service, and I may be subject to prosecution under applicable Federal criminal and civil statutes.

66. ISSUER SIGNATURE	67. DATE (mm/dd/yyyy)
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**FOR REMOTE ISSUERS**   ☐ I have verified that the individual collecting the ID Badge is the Applicant and have issued the ID Badge to the Applicant.

68. REMOTE ISSUER NAME (Last, First, Middle)	69. REMOTE ISSUER ID
70. REMOTE ISSUER SIGNATURE	71. DATE (mm/dd/yyyy)

**F. Applicant Acknowledgement** *(To be completed by Applicant, after Section E has been completed)*

I have read and understand the Privacy Act Statement and HHS ID Badge Rules that were given to me. I accept the HHS ID Badge and agree to abide by the HHS ID Badge Rules.

72. APPLICANT SIGNATURE	73. DATE (mm/dd/yyyy)
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Privacy Act Statement (*Applicant Copy*)

The information on this form is collected by the Department of Health and Human Services (HHS) to issue you an identification badge called the HHS ID Badge. The purpose of the ID Badge is to help ensure the safety and security of government buildings, the people who work in them, and government computer systems. When you use your ID Badge an ID Badge system will verify that you are authorized to use government facilities. The system also will track and control the ID Badges that are issued. The authority to collect this information is 5 U.S.C. § 301; Presidential Memorandum on Upgrading Security at Federal Facilities, June 28, 1995; and Homeland Security Presidential Directive 12, August 27, 2004. The authority to request your Social Security number is Executive Order 9397. The disclosure of your Social Security number is voluntary, but it will assist in verifying your identity to process this application.

The information on this form may be disclosed only with your written consent, except where permitted by the Privacy Act. The disclosures permitted by the Privacy Act include disclosure to: the Department of Justice, a court, or other government officials when the records are relevant and necessary to a law suit; the appropriate public authority (Federal, foreign, State, local, tribal, or otherwise) to enforce, investigate, or prosecute, when a record indicates a violation of law or regulation; a Member of Congress or congressional staff member at your written request; the National Archives and Records Administration for records management inspections; authorized Federal contractors, grantees, or volunteers who need access to the records to do agency work and who have agreed to comply with the Privacy Act; any source that has records an agency needs to decide whether to retain an employee, continue a security clearance, or agree to a contract, grant, license or benefit; Federal, State, or local agencies, entities, individuals, or foreign governments to enable an intelligence agency to carry out its responsibilities; the Office of Management and Budget to evaluate private relief legislation; and to other Federal agencies to notify them when your ID Badge is no longer valid.

If you do not provide all of the requested information, we may deny you an ID Badge. Without an ID Badge, you will not have access to certain Federal facilities or systems. If using an ID Badge is a condition of your employment, not providing the information may prevent you from being able to work.

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**Department of Health and Human services (HHS) ID Badge Rules** *(Applicant Copy)*

The rules associated with the HHS ID Badge include but are not limited to

- Do not attempt to clone, modify, or obtain data from any HHS ID Badge.
- Protect and safeguard your ID Badge.
- If your ID Badge is lost or stolen, you must report the missing ID Badge within 24 hours of noting its disappearance. Your ID Badge will be disabled and you will have to apply for a replacement.
- If you become aware of any violation of these requirements or suspect that your ID Badge may have been used by someone else, immediately report that information to your agency's ID Badge issuing authority.
- You must request a new ID Badge within 30 days in the event of any change which may affect the ability to determine that you are the individual associated with the ID Badge (e.g., name change). You will provide documentation showing the reason for any such change where applicable.
- As part of the HHS exit process, you are to return your ID Badge to the designated official at your agency on your last day of employment at HHS or at the expiration of your authorized access to HHS facilities and/or IT systems.
- Do not attempt to assist others in gaining unauthorized access to Federal facilities or information. Accept responsibility for the whereabouts and conduct of any and all persons whom you have signed in (i.e., authorized admittance) to HHS facilities. All persons signed into HHS facilities are considered visitors. Only visitor badges will be issued.
- Do not disclose or lend your identification number and/or password to someone else to gain access to HHS IT systems. They are for your use only and serve as your electronic signature. This means that you may be held responsible for the consequences of unauthorized access or illegal transactions.

**EXHIBIT E**  
**APPLICATION FOR ACCESS TO CMS COMPUTER SYSTEMS (FORM CMS-20037)**  
**PAGE 1 OF 3**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
EUA WorkFlow Request No. \_\_\_\_\_

**APPLICATION FOR ACCESS TO CMS COMPUTER SYSTEMS**

**1. TYPE OF REQUEST** (Check only one):

- ☐ NEW (Issue a CMS UserID)      ☐ CERTIFY (Due date: \_\_\_\_/\_\_\_\_/\_\_\_\_)  
☐ CONNECT/DISCONNECT      ☐ CHANGE USER INFORMATION (Note new info)  
(Add/remove access authorities)      ☐ DELETE (Remove CMS UserID from all CMS systems)

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USERID  
(Capital Letters)

**2. USER INFORMATION**

- |   |   |
|---|---|
| <input type="checkbox"/> CMS Employee<br><input type="checkbox"/> Medicare Advantage / Medicare Advantage with Prescription Drug / Prescription Drug Plan / Cost Contracts – Using HPMS Only<br><input type="checkbox"/> Medicare Advantage / Medicare Advantage with Prescription Drug / Prescription Drug Plan / Cost Contracts – Using Other Systems<br><input type="checkbox"/> CITIC Contractor<br><input type="checkbox"/> Program Safeguard Contractor<br><input type="checkbox"/> Medicare Contractor/Intermediary/Carrier<br><input type="checkbox"/> Contractor (non-Medicare contract with CMS)<br><input type="checkbox"/> Researcher<br><input type="checkbox"/> Quality Improvement Organization<br><input type="checkbox"/> End-Stage Renal Disease Network<br><input type="checkbox"/> State Agency (State of _____)<br><input type="checkbox"/> Federal Govt – Baltimore HR Center | <input type="checkbox"/> Federal Govt – Centers for Disease Control & Prevention<br><input type="checkbox"/> Federal Govt – Commission Corps<br><input type="checkbox"/> Federal Govt – Dept of Health & Human Services<br><input type="checkbox"/> Federal Govt – HHS – OMHA<br><input type="checkbox"/> Federal Govt – Dept of Justice<br><input type="checkbox"/> Federal Govt – Dept of Veterans Affairs<br><input type="checkbox"/> Federal Govt – Government Accountability Office<br><input type="checkbox"/> Federal Govt – General Services Administration<br><input type="checkbox"/> Federal Govt – Internal Revenue Service<br><input type="checkbox"/> Federal Govt – Office of General Counsel<br><input type="checkbox"/> Federal Govt – Office of Inspector General<br><input type="checkbox"/> Federal Govt – Railroad Retirement Board<br><input type="checkbox"/> Federal Govt – Social Security Administration<br><input type="checkbox"/> Federal Govt – Other: _____<br><input type="checkbox"/> Other: _____ |
|---|---|

First Name (As you want it published)	MI	Last Name (As you want it published)
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Company/Organization/Department Name \_\_\_\_\_

Mailing Address (Include Suite/Mailstop) \_\_\_\_\_

City	State	ZIP Code
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Office Telephone (Include Extension)	Company Telephone (If different)	E-Mail Address
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**IF CMS EMPLOYEE** Org Name/Admin Code \_\_\_\_\_

Are you a Manager?

☐ Yes    ☐ No

**IF ONSITE AT CMS LOCATION** CMS Region/Facility (Check One)

- |  |   |
|--|---|
| <input type="checkbox"/> R4 (AFC) Atlanta<br><input type="checkbox"/> R10 (BLNCH) Seattle<br><input type="checkbox"/> CO (CENTRAL) Central Office<br><input type="checkbox"/> R5 (CHIICB) Chicago<br><input type="checkbox"/> DC (COHEN) DC<br><input type="checkbox"/> R6 (DAL1301) Dallas<br><input type="checkbox"/> R8 (DENCSB) Denver<br><input type="checkbox"/> R7 (FOBKAN) Kansas City | <input type="checkbox"/> DC (HHH) DC<br><input type="checkbox"/> R9 (HWTHRN) San Francisco<br><input type="checkbox"/> R1 (JFKBOS) Boston<br><input type="checkbox"/> R2 (JKJNYC) New York<br><input type="checkbox"/> CO (LBDCO) Central Office<br><input type="checkbox"/> CO (NORTH) Central Office<br><input type="checkbox"/> R3 (PHIPLB) Philadelphia<br><input type="checkbox"/> CO (SOUTH) Central Office<br><input type="checkbox"/> Other _____ |
|--|---|

Mail Stop	Desk Location
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Form CMS-20037 (09/05) EF 09/2005

**EXHIBIT E**  
**APPLICATION FOR ACCESS TO CMS COMPUTER SYSTEMS (FORM CMS-20037)**  
**PAGE 2 OF 3**

**3. WORKLOAD INFORMATION**

Contract Number(s) *(for Medicare Advantage/Medicare Advantage with Prescription Drug/Prescription Drug Plan/Cost Contracts — Hxxx, Sxxx, etc.)*

Carrier Number(s) *(for Medicare Contractors/Intermediaries/Carriers — 12345)*

Contract and Task Number *(for Contractors — CMS-05-0001 : 0001)*

Grant Number *(for Researchers)*

Inter-Agency Agreement Number

**4. REQUIRED ACCESSSES** *(See <http://www.cms.hhs.gov/mdcn/bmcjcreport.asp> for list of available jobcodes)*

<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	Default CMS	<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	_____
			Employee	<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	_____
			(standard desktop & network	<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	_____
			with CMS e-mail acct)	<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	_____
<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	Default Non-CMS	<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	_____
			Employee	<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	_____
			(standard network access)	<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	_____
<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	_____	<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	_____
<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	_____	<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	_____
<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	_____	<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	_____
<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	_____	<input type="checkbox"/> Connect	<input type="checkbox"/> Disconnect	<input type="checkbox"/> Keep	_____

**5. JUSTIFICATION** *(If name change, show Old Name =, New Name =)*

**6. APPROVALS:** *(See <http://www.cms.hhs.gov/mdcn/reqsigchart.pdf> for approval info)*

**PROVIDE SIGNATURES BELOW OR APPROVE ONLINE EUA WORKFLOW REQUEST NUMBER REFERENCED ON PAGE 1.**

**Authorization:** We acknowledge that our Organization is responsible for all resources to be used by the person identified above and that requested accesses are required to perform their duties. We have reviewed and verified the workload information supplied is accurate and appropriate. We understand that any change in employment status or access needs are to be reported immediately via submittal of this form or EUA WorkFlow request.

**1st APPROVER** *(CMS Project Officer, CMS Contact, CMS Supervisor, MCIC Contact, etc.)*

Printed Name		Telephone Number
CMS UserID	Signature	Date

**2nd APPROVER** *(Not required for CMS employees, BHRC or Commissioned Corps)*

Printed Name		Telephone Number
CMS UserID	Signature	Date

**APPLICANT:** Read, complete and sign next page.

**EXHIBIT E**  
**APPLICATION FOR ACCESS TO CMS COMPUTER SYSTEMS (FORM CMS-20037)**  
**PAGE 3 OF 3**

EUA WorkFlow Request No.

**APPLICATION FOR ACCESS TO CMS COMPUTER SYSTEMS**

Printed Name *(As you want it published)*

Social Security Number

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CMS USERID

**PRIVACY ACT STATEMENT**

The information on page 1 of this form is collected and maintained under the authority of Title 5 U.S. Code, Section 552a(e)(10) (The Privacy Act of 1974). This information is used for assigning, controlling, tracking, and reporting authorized access to and use of CMS's computerized information and resources. The Privacy Act prohibits disclosure of information from records protected by the statute, except in limited circumstances.

The information you furnish on this form will be maintained in the Individuals Authorized Access to the Centers for Medicare & Medicaid Services (CMS) Data Center Systems of Records and may be disclosed as a routine use disclosure under the routine uses established for this system as published at 59 FED. REG. 41329 (08-11-94) and as CMS may establish in the future by publication in the Federal Register.

The Social Security Number (SSN) is used as an identifier in the Federal Service because of the large number of present and former Federal employees and applicants whose identity can only be distinguished by use of the SSN. Collection of the SSN is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number, is voluntary. However, if you do not provide this information, you will not be granted access to CMS computer systems.

**SECURITY REQUIREMENTS FOR USERS OF CMS COMPUTER SYSTEMS**

CMS uses computer systems that contain sensitive information to carry out its mission. Sensitive information is any information, which the loss, misuse, or unauthorized access to, or modification of could adversely affect the national interest, or the conduct of Federal programs, or the privacy to which individuals are entitled under the Privacy Act. To ensure the security and privacy of sensitive information in Federal computer systems, the Computer Security Act of 1987 requires agencies to identify sensitive computer systems, conduct computer security training, and develop computer security plans. CMS maintains a system of records for use in assigning, controlling, tracking, and reporting authorized access to and use of CMS's computerized information and resources. CMS records all access to its computer systems and conducts routine reviews for unauthorized access to and/or illegal activity.

Anyone with access to CMS Computer Systems containing sensitive information must abide by the following:

- Do not disclose or lend your IDENTIFICATION NUMBER AND/OR PASSWORD to someone else. They are for your use only and serve as your "electronic signature". This means that you may be held responsible for the consequences of unauthorized or illegal transactions.
- Do not browse or use CMS data files for unauthorized or illegal purposes.
- Do not use CMS data files for private gain or to misrepresent yourself or CMS.
- Do not make any disclosure of CMS data that is not specifically authorized.
- Do not duplicate CMS data files, create subfiles of such records, remove or transmit data unless you have been specifically authorized to do so.
- Do not change, delete, or otherwise alter CMS data files unless you have been specifically authorized to do so.
- Do not make copies of data files, with identifiable data, or data that would allow individual identities to be deduced unless you have been specifically authorized to do so.
- Do not intentionally cause corruption or disruption of CMS data files.

A violation of these security requirements could result in termination of systems access privileges and/or disciplinary/adverse action up to and including removal from Federal Service, depending upon the seriousness of the offense. In addition, Federal, State, and/or local laws may provide criminal penalties for any person illegally accessing or using a Government-owned or operated computer system illegally.

If you become aware of any violation of these security requirements or suspect that your identification number or password may have been used by someone else, immediately report that information to your component's Information Systems Security Officer.

Applicant's Signature

Date

**EXHIBIT F**  
**DATA USE AGREEMENT (DUA) (FORM CMS-R-0235)**  
**PAGE 1 OF 6**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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**INSTRUCTIONS FOR COMPLETING THE DATA USE AGREEMENT (DUA) FORM CMS-R-0235**

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**(AGREEMENT FOR USE OF CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)  
DATA CONTAINING INDIVIDUAL IDENTIFIERS)**

This agreement must be executed prior to the disclosure of data from CMS' Systems of Records to ensure that the disclosure will comply with the requirements of the Privacy Act, the Privacy Rule and CMS data release policies. It must be completed prior to the release of, or access to, specified data files containing protected health information and individual identifiers.

Directions for the completion of the agreement follow:

**Before completing the DUA, please note the language contained in this agreement cannot be altered in any form.**

- First paragraph, enter the Requestor's Organization Name.
- Section #1, enter the Requestor's Organization Name.
- Section #4 enter the Study and/or Project Name and CMS contract number if applicable for which the file(s) will be used.
- Section #5 should delineate the files and years the Requestor is requesting. Specific file names should be completed. If these are unknown, you may contact a CMS representative to obtain the correct names. The System of Record (SOR) should be completed by the CMS contact or Project Officer. The SOR is the source system the data came from.
- Section #6, complete by entering the Study/Project's anticipated date of completion.
- Section #12 will be completed by the User.
- Section #16 is to be completed by Requestor.
- Section #17, enter the Custodian Name, Company/Organization, Address, Phone Number (including area code), and E-Mail Address (if applicable). The Custodian of files is defined as that person who will have actual possession of and responsibility for the data files. **This section should be completed even if the Custodian and Requestor are the same.** This section will be completed by Custodian.
- Section #18 will be completed by a CMS representative.
- Section #19 should be completed if your study is funded by one or more other Federal Agencies. The Federal Agency name (other than CMS) should be entered in the blank. The Federal Project Officer should complete and sign the remaining portions of this section. If this does not apply, leave blank.
- Sections #20a AND 20b will be completed by a CMS representative.
- Addendum, CMS-R-0235A, should be completed when additional custodians outside the requesting organization will be accessing CMS identifiable data.

Once the DUA is received and reviewed for privacy and policy issues, a completed and signed copy will be sent to the Requestor and CMS Project Officer, if applicable, for their files.

**EXHIBIT F**  
**DATA USE AGREEMENT (DUA) (FORM CMS-R-0235)**  
**PAGE 2 OF 6**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved  
OMB No. 0938-0734

**DATA USE AGREEMENT**

DUA #

**(AGREEMENT FOR USE OF CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)  
DATA CONTAINING INDIVIDUAL IDENTIFIERS)**

CMS agrees to provide the User with data that reside in a CMS Privacy Act System of Records as identified in this Agreement. In exchange, the User agrees to pay any applicable fees; the User agrees to use the data only for purposes that support the User's study, research or project referenced in this Agreement, which has been determined by CMS to provide assistance to CMS in monitoring, managing and improving the Medicare and Medicaid programs or the services provided to beneficiaries; and the User agrees to ensure the integrity, security, and confidentiality of the data by complying with the terms of this Agreement and applicable law, including the Privacy Act and the Health Insurance Portability and Accountability Act. In order to secure data that reside in a CMS Privacy Act System of Records; in order to ensure the integrity, security, and confidentiality of information maintained by the CMS; and to permit appropriate disclosure and use of such data as permitted by law, CMS and \_\_\_\_\_ (Requestor) enter into this agreement to comply with the following specific paragraphs.

1. This Agreement is by and between the Centers for Medicare & Medicaid Services (CMS), a component of the U.S. Department of Health and Human Services (HHS), and \_\_\_\_\_ (Requestor), hereinafter termed "User."
2. This Agreement addresses the conditions under which CMS will disclose and the User will obtain, use, reuse and disclose the CMS data file(s) specified in section 5 and/or any derivative file(s) that contain direct individual identifiers or elements that can be used in concert with other information to identify individuals. This Agreement supersedes any and all agreements between the parties with respect to the use of data from the files specified in section 5 and preempts and overrides any instructions, directions, agreements, or other understanding in or pertaining to any grant award or other prior communication from the Department of Health and Human Services or any of its components with respect to the data specified herein. Further, the terms of this Agreement can be changed only by a written modification to this Agreement or by the parties adopting a new agreement. The parties agree further that instructions or interpretations issued to the User concerning this Agreement or the data specified herein, shall not be valid unless issued in writing by the CMS point-of-contact or the CMS signatory to this Agreement shown in section 20.
3. The parties mutually agree that CMS retains all ownership rights to the data file(s) referred to in this Agreement, and that the User does not obtain any right, title, or interest in any of the data furnished by CMS.
4. The User represents, and in furnishing the data file(s) specified in section 5 CMS relies upon such representation, that such data file(s) will be used solely for the following purpose(s).

Name of Study/Project \_\_\_\_\_

CMS Contract No. (if applicable) \_\_\_\_\_

Program 1583-S

The User represents further that the facts and statements made in any study or research protocol or project plan submitted to CMS for each purpose are complete and accurate. Further, the User represents that said study protocol(s) or project plans, that have been approved by CMS or other appropriate entity as CMS may determine, represent the total use(s) to which the data file(s) specified in section 5 will be put.

The User agrees not to disclose, use or reuse the data covered by this agreement except as specified in an Attachment to this Agreement or except as CMS shall authorize in writing or as otherwise required by law, sell, rent, lease, loan, or otherwise grant access to the data covered by this Agreement. The User affirms that the requested data is the minimum necessary to achieve the purposes stated in this section. The User agrees that, within the User organization and the organizations of its agents, access to the data covered by this Agreement shall be limited to the minimum amount of data and minimum number of individuals necessary to achieve the purpose stated in this section (i.e., individual's access to the data will be on a need-to-know basis).

**EXHIBIT F**  
**DATA USE AGREEMENT (DUA) (FORM CMS-R-0235)**  
**PAGE 3 OF 6**

5. The following CMS data file(s) is/are covered under this Agreement.

File	Years(s)	System of Record

6. The parties mutually agree that the aforesaid file(s) (and/or any derivative file(s)) including those files that directly identify individuals and those that can be used in concert with other information to identify individuals may be retained by the User until, Date hereinafter known as the "Retention Date." The User agrees to notify CMS within 30 days of the completion of the purpose specified in section 4 if the purpose is completed before the aforementioned retention date. Upon such notice or retention date, whichever occurs sooner, the User agrees to destroy such data. The User agrees to destroy and send written certification of the destruction of the files to CMS within 30 days. The User agrees not to retain CMS files or any parts thereof, after the aforementioned file(s) are destroyed unless the appropriate Systems Manager or the person designated in section 20 of this Agreement grants written authorization. The User acknowledges that the date is not contingent upon action by CMS.

The Agreement may be terminated by either party at any time for any reason upon 30 days written notice. Upon notice of termination by User, CMS will cease releasing data from the file(s) to the User under this Agreement and will notify the User to destroy such data file(s). Sections 3, 4, 6, 8, 9, 10, 11, 13, 14 and 15 shall survive termination of this Agreement.

7. The User agrees to establish appropriate administrative, technical, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized use or access to it. The safeguards shall provide a level and scope of security that is not less than the level and scope of security requirements established by the Office of Management and Budget (OMB) in OMB Circular No. A-130, Appendix III--Security of Federal Automated Information Systems (<http://www.whitehouse.gov/omb/circulars/a130/a130.html>) as well as Federal Information Processing Standard 200 entitled "Minimum Security Requirements for Federal Information and Information Systems" (<http://csrc.nist.gov/publications/fips/fips200/FIPS-200-final-march.pdf>); and, Special Publication 800-53 "Recommended Security Controls for Federal Information Systems" (<http://csrc.nist.gov/publications/nistpubs/800-53-Rev2/sp800-53-rev2-final.pdf>). The User acknowledges that the use of unsecured telecommunications, including the Internet, to transmit individually identifiable or deducible information derived from the file(s) specified in section 5 is prohibited. Further, the User agrees that the data must not be physically moved, transmitted or disclosed in any way from or by the site indicated in section 17 without written approval from CMS unless such movement, transmission or disclosure is required by a law.
8. The User agrees to grant access to the data to the authorized representatives of CMS or DHHS Office of the Inspector General at the site indicated in section 17 for the purpose of inspecting to confirm compliance with the terms of this agreement.



**EXHIBIT F**  
**DATA USE AGREEMENT (DUA) (FORM CMS-R-0235)**  
**PAGE 4 OF 6**

9. The User agrees not to disclose direct findings, listings, or information derived from the file(s) specified in section 5, with or without direct identifiers, if such findings, listings, or information can, by themselves or in combination with other data, be used to deduce an individual's identity. Examples of such data elements include, but are not limited to geographic location, age if > 89, sex, diagnosis and procedure, admission/discharge date(s), or date of death.

The User agrees that any use of CMS data in the creation of any document (manuscript, table, chart, study, report, etc.) concerning the purpose specified in section 4 (regardless of whether the report or other writing expressly refers to such purpose, to CMS, or to the files specified in section 5 or any data derived from such files) must adhere to CMS' current cell size suppression policy. This policy stipulates that no cell (eg. admittances, discharges, patients) less than 11 may be displayed. Also, no use of percentages or other mathematical formulas may be used if they result in the display of a cell less than 11. By signing this Agreement you hereby agree to abide by these rules and, therefore, will not be required to submit any written documents for CMS review. If you are unsure if you meet the above criteria, you may submit your written products for CMS review. CMS agrees to make a determination about approval and to notify the user within 4 to 6 weeks after receipt of findings. CMS may withhold approval for publication only if it determines that the format in which data are presented may result in identification of individual beneficiaries

10. The User agrees that, absent express written authorization from the appropriate System Manager or the person designated in section 20 of this Agreement to do so, the User shall not attempt to link records included in the file(s) specified in section 5 to any other individually identifiable source of information. This includes attempts to link the data to other CMS data file(s). A protocol that includes the linkage of specific files that has been approved in accordance with section 4 constitutes express authorization from CMS to link files as described in the protocol.
11. The User understands and agrees that they may not reuse original or derivative data file(s) without prior written approval from the appropriate System Manager or the person designated in section 20 of this Agreement.
12. The parties mutually agree that the following specified Attachments are part of this Agreement:

- 
13. The User agrees that in the event CMS determines or has a reasonable belief that the User has made or may have made a use, reuse or disclosure of the aforesaid file(s) that is not authorized by this Agreement or another written authorization from the appropriate System Manager or the person designated in section 20 of this Agreement, CMS, at its sole discretion, may require the User to: (a) promptly investigate and report to CMS the User's determinations regarding any alleged or actual unauthorized use, reuse or disclosure; (b) promptly resolve any problems identified by the investigation; (c) if requested by CMS, submit a formal response to an allegation of unauthorized use, reuse or disclosure; (d) if requested by CMS, submit a corrective action plan with steps designed to prevent any future unauthorized uses, reuses or disclosures; and (e) if requested by CMS, return data files to CMS or destroy the data files it received from CMS under this agreement. The User understands that as a result of CMS's determination or reasonable belief that unauthorized uses, reuses or disclosures have taken place, CMS may refuse to release further CMS data to the User for a period of time to be determined by CMS.

The User agrees to report any breach of personally identifiable information (PII) from the CMS data file(s), loss of these data or disclosure to any unauthorized persons to the CMS Action Desk by telephone at (410) 786-2850 or by e-mail notification at [cms\\_it\\_service\\_desk@cms.hhs.gov](mailto:cms_it_service_desk@cms.hhs.gov) within one hour and to cooperate fully in the federal security incident process. While CMS retains all ownership rights to the data file(s), as outlined above, the User shall bear the cost and liability for any breaches of PII from the data file(s) while they are entrusted to the User. Furthermore, if CMS determines that the risk of harm requires notification of affected individual persons of the security breach and/or other remedies, the User agrees to carry out these remedies without cost to CMS.

**EXHIBIT F**  
**DATA USE AGREEMENT (DUA) (FORM CMS-R-0235)**  
**PAGE 5 OF 6**

14. The User hereby acknowledges that criminal penalties under §1106(a) of the Social Security Act (42 U.S.C. § 1306(a)), including a fine not exceeding \$10,000 or imprisonment not exceeding 5 years, or both, may apply to disclosures of information that are covered by § 1106 and that are not authorized by regulation or by Federal law. The User further acknowledges that criminal penalties under the Privacy Act (5 U.S.C. § 552a(i) (3)) may apply if it is determined that the Requestor or Custodian, or any individual employed or affiliated therewith, knowingly and willfully obtained the file(s) under false pretenses. Any person found to have violated sec. (i)(3) of the Privacy Act shall be guilty of a misdemeanor and fined not more than \$5,000. Finally, the User acknowledges that criminal penalties may be imposed under 18 U.S.C. § 641 if it is determined that the User, or any individual employed or affiliated therewith, has taken or converted to his own use data file(s), or received the file(s) knowing that they were stolen or converted. Under such circumstances, they shall be fined under Title 18 or imprisoned not more than 10 years, or both; but if the value of such property does not exceed the sum of \$1,000, they shall be fined under Title 18 or imprisoned not more than 1 year, or both.
15. By signing this Agreement, the User agrees to abide by all provisions set out in this Agreement and acknowledges having received notice of potential criminal or administrative penalties for violation of the terms of the Agreement.
16. On behalf of the User the undersigned individual hereby attests that he or she is authorized to legally bind the User to the terms this Agreement and agrees to all the terms specified herein.

\_\_\_\_\_  
Name and Title of User *(typed or printed)*

\_\_\_\_\_  
Company/Organization

\_\_\_\_\_  
Street Address

City	State	ZIP Code
Office Telephone <i>(Include Area Code)</i>		E-Mail Address <i>(If applicable)</i>
Signature		Date

17. The parties mutually agree that the following named individual is designated as Custodian of the file(s) on behalf of the User and will be the person responsible for the observance of all conditions of use and for establishment and maintenance of security arrangements as specified in this Agreement to prevent unauthorized use. The User agrees to notify CMS within fifteen (15) days of any change of custodianship. The parties mutually agree that CMS may disapprove the appointment of a custodian or may require the appointment of a new custodian at any time.

The Custodian hereby acknowledges his/her appointment as Custodian of the aforesaid file(s) on behalf of the User, and agrees to comply with all of the provisions of this Agreement on behalf of the User.

\_\_\_\_\_  
Name of Custodian *(typed or printed)*

\_\_\_\_\_  
Company/Organization

\_\_\_\_\_  
Street Address

City	State	ZIP Code
Office Telephone <i>(Include Area Code)</i>		E-Mail Address <i>(If applicable)</i>
Signature		Date

**EXHIBIT F**  
**DATA USE AGREEMENT (DUA) (FORM CMS-R-0235)**  
**PAGE 6 OF 6**

18. The disclosure provision(s) that allows the discretionary release of CMS data for the purpose(s) stated in section 4 follow(s). (To be completed by CMS staff.) \_\_\_\_\_

19. On behalf of \_\_\_\_\_ the undersigned individual hereby acknowledges that the aforesaid Federal agency sponsors or otherwise supports the User's request for and use of CMS data, agrees to support CMS in ensuring that the User maintains and uses CMS's data in accordance with the terms of this Agreement, and agrees further to make no statement to the User concerning the interpretation of the terms of this Agreement and to refer all questions of such interpretation or compliance with the terms of this Agreement to the CMS official named in section 20 (or to his or her successor).

Typed or Printed Name		Title of Federal Representative	
Signature		Date	
Office Telephone (Include Area Code)		E-Mail Address (If applicable)	

20. The parties mutually agree that the following named individual will be designated as point-of-contact for the Agreement on behalf of CMS.

On behalf of CMS the undersigned individual hereby attests that he or she is authorized to enter into this Agreement and agrees to all the terms specified herein.

Name of CMS Representative (typed or printed)			
Title/Component			
Street Address			Mail Stop
City	State	ZIP Code	
Office Telephone (Include Area Code)		E-Mail Address (If applicable)	
A. Signature of CMS Representative			Date
B. Concur/Nonconcur — Signature of CMS System Manager or Business Owner			Date
Concur/Nonconcur — Signature of CMS System Manager or Business Owner			Date
Concur/Nonconcur — Signature of CMS System Manager or Business Owner			Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0734. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Form CMS-R-0235 (05/08)

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**EXHIBIT G**  
**CERTIFICATE OF DATA DESTRUCTION (FORM CMS-10252)**  
**PAGE 1 OF 2**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved  
OMB No. 0938-1046

**INSTRUCTIONS FOR COMPLETING THE CERTIFICATE OF DATA DESTRUCTION FOR DATA  
ACQUIRED FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES**

This certificate is to be completed and submitted to CMS to certify the destruction of all CMS data covered by the listed Data Use Agreement (DUA). This includes any copies made of the files, any derivative or subsets of the files, and any manipulated files. The requestor may not keep any copies, derivative or manipulated files—all files must be destroyed. CMS will close the listed DUA upon receipt and review of this certificate.

**Directions for the completion of the certificate follow:**

- Complete the Requestor and Custodian's Organization and Contact information as listed in the DUA.
- Provide the DUA number.
- Provide the Project/Study Name as listed on the DUA.
- Provide the CMS Project Officer, if applicable.
- Please list all data files and years covered by the DUA.
- A signature is required on this certification. The signature should be the requestor or Custodian listed on the DUA. If the DUA is for a CMS Contract/Demonstration, the CMS Project Officer must also sign the certificate.

**Please submit this certificate to:**

Director, Division of Privacy Compliance  
Division of Privacy Compliance  
Mailstop: N2-04-27  
7500 Security Blvd.  
Baltimore, MD 21244

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1046. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Form CMS-10252 (12/07)

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**EXHIBIT G**  
**CERTIFICATE OF DATA DESTRUCTION (FORM CMS-10252)**  
**PAGE 2 OF 2**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850

**CERTIFICATE OF DATA DESTRUCTION FOR DATA ACQUIRED FROM  
THE CENTERS FOR MEDICARE & MEDICAID SERVICES**

REQUESTOR ORGANIZATION	DATA USE AGREEMENT (DUA) NO.
REQUESTOR CONTACT NAME	PHONE NO.
REQUESTOR ADDRESS	
CUSTODIAN ORGANIZATION	
CUSTODIAN CONTACT NAME	
CUSTODIAN ADDRESS	PHONE NO.
PROJECT/STUDY NAME	
CMS PROJECT OFFICER (IF APPLICABLE)	

CMS Data Files Destroyed:	Files	Years

By signing this Certification of Data Destruction, I confirm that the data acquired under DUA # \_\_\_\_\_ have been completely destroyed and no copies have been kept.

REQUESTOR OR CUSTODIAN PRINTED NAME	SIGNATURE	DATE
CMS PROJECT OFFICER (IF APPLICABLE) PRINTED NAME	SIGNATURE	DATE

**EXHIBIT H**  
**SECURE ONE HHS, INFORMATION SECURITY PROGRAM RULES OF BEHAVIOR**  
**PAGE 1 OF 4**

## **Secure One HHS**

### **Information Security Program Rules of Behavior**

The *HHS Rules of Behavior* (HHS Rules) provides common rules on the appropriate use of all HHS technology resources and information<sup>1</sup> for Department users, including federal employees, interns and contractors. The HHS rules work in conjunction with the *HHS-OCIO-2006-0001, Policy for Personal Use of Information Technology Resources*, dated February 17, 2006, and are issued under the authority of the *HHS-OCIO-2007-0002, Policy for Department-wide Information Security*, dated September 25, 2007. Both references may be found at URL: <http://www.hhs.gov/ocio/policy/index.html>.

All users of Department technology, resources, and, information must read these rules and sign the accompanying acknowledgement form before accessing Department data/information, systems and/or networks. This acknowledgement must be signed annually, preferably as part of Information Security Awareness Training, to reaffirm knowledge of and agreement to adhere to the HHS rules. The HHS rules may be presented to the user in writing or electronically, and the user's acknowledgement may be obtained by written or electronic signature. Each Operating Division (OPDIV) Chief Information Officer (CIO) shall determine how signatures are to be submitted, retained, and recorded<sup>2</sup>; and may append any necessary information or fields to the signature page. For electronic signatures, the specific version number of the HHS rules must be retained along with the date, and sufficient identifying information to uniquely link the signer to his or her corresponding information system accounts. Electronic copies of the signed Signature Page may be retained in lieu of the original. Each OPDIV CIO shall ensure that information system and information access is prohibited in the absence of a valid, signed HHS rules from each user.

Each HHS OPDIV may require user certification to policies and requirements, more restrictive than the rules prescribed herein, for the protection of OPDIV information and systems.

Furthermore, supplemental rules of behavior may be created for systems which require users to comply with rules beyond those contained in the HHS Rules. In such cases, users must additionally sign these supplemental rules of behavior prior to receiving access to these systems, and must comply with any ongoing requirements of each individual system to retain access (such as re-acknowledging the system-specific rules by signature each year). System owners shall document system-specific rules of behavior and any recurring requirement to sign them in the System Security Plan for their systems. Each OPDIV CIO shall implement a process to obtain and retain the signed rules for such systems and shall ensure that user access to their information is prohibited without a signed, system-specific rules and a signed HHS Rules.

National security systems, as defined by the Federal Information Security Management Act (FISMA), must independently or collectively, implement their own system-specific rules.

These HHS Rules apply to both the local and remote use of HHS information (in both electronic and physical forms) and information systems by any individual.

- Information and system use must comply with Department and OPDIV policies and standards, and with applicable laws.
- Use for other than official, assigned duties is subject to the *HHS-OCIO-2006-0001, Policy for Personal Use of Information Technology Resources*, dated February 17, 2006.
- Unauthorized access to information or information systems is prohibited.
- Users must prevent unauthorized disclosure or modification of sensitive information, including Personally Identifiable Information (PII)<sup>3</sup>

**EXHIBIT H**  
**SECURE ONE HHS, INFORMATION SECURITY PROGRAM RULES OF BEHAVIOR**  
**PAGE 2 OF 4**

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Users shall:

- In accordance with OPDIV procedures, immediately report all lost or stolen HHS equipment, known or suspected security incidents, known or suspected information security policy violations or compromises, or suspicious activity. Known or suspected security incidents is inclusive of an actual or potential loss of control or compromise, whether intentional or unintentional, of authenticator, password, or sensitive information, including PII, maintained or in possession of the OPDIV.
- Ensure that software, including downloaded software, is properly licensed, free of malicious code, and authorized before installing and using it on Departmental systems.
- Wear identification badges at all times in federal facilities.
- Log-off or lock systems when leaving them unattended.
- Use provisions for access restrictions and unique identification to information and avoid sharing accounts.
- Complete security awareness training before accessing any HHS/OPDIV system and on an annual basis thereafter. Also, complete any specialized role-based security or privacy training, as required. See Memo from HHS CIO: Training of Individuals Developing and Managing Sensitive Systems, dated November 7, 2007.
- Permit only authorized HHS users to use HHS equipment and/or software.
- Secure sensitive information (on paper and in electronic formats) when left unattended.
- Keep sensitive information out of sight when visitors are present.
- Sanitize or destroy electronic media and papers that contain sensitive data when no longer needed, in accordance with HHS records management and sanitization policies, or as otherwise directed by management.
- Only access sensitive information necessary to perform job functions (i.e., need to know).
- Use PII only for the purposes for which it was collected, to include conditions set forth by stated privacy notices and published system of records notices.
- Ensure the accuracy, relevance, timeliness, and completeness of PII, as is reasonably necessary, to assure fairness in making determinations about an individual.

Users shall **not**:

- Direct or encourage others to violate HHS policies.
- Circumvent security safeguards or reconfigure systems except as authorized (i.e., violation of least privilege).
- Use another person's account, identity, or password.
- Remove computers or equipment.
- Send or post threatening, harassing, intimidating, or abusive material about others in public or private messages or forums.
- Exceed authorized access to sensitive information.
- Store sensitive information in public folders or other insecure physical or electronic storage locations.
- Share sensitive information, except as authorized and with formal agreements that ensure third parties will adequately protect it.
- Transport, transfer, email, remotely access, or download sensitive information, inclusive of PII, unless such action is explicitly permitted by the manager or owner of such information.
- Store sensitive information on portable devices such as laptops, personal digital assistants (PDA) and universal serial bus (USB) drives or on remote/home systems without authorization or appropriate safeguards, as stipulated by the [HHS Encryption Standard for Mobile Devices and Portable Media](#), dated August 21, 2007.
- Knowingly or willingly conceal, remove, mutilate, obliterate, falsify, or destroy information for personal use for self or others. (See 18 U.S.C. 2071)
- Copy or distribute intellectual property—including music, software, documentation, and other copyrighted materials—without permission or license from the copyright owner.
- Modify software without management approval.

**EXHIBIT H**  
**SECURE ONE HHS, INFORMATION SECURITY PROGRAM RULES OF BEHAVIOR**  
**PAGE 3 OF 4**

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The following are prohibited on Government systems per the HHS-OCIO-2006-0001, Policy for Personal Use of Information Technology Resources, dated February 17, 2006:

- Sending or posting obscene or offensive material in messages or forums.
- Sending or forwarding chain letters, e-mail spam, inappropriate messages, or unapproved newsletters and broadcast messages.
- Sending messages supporting political activity restricted under the Hatch Act.
- Conducting any commercial or "for-profit" activity.
- Utilizing peer-to-peer software without OPDIV CIO approval.
- Sending, retrieving, viewing, displaying, or printing sexually explicit, suggestive text or images, or other offensive material.
- Operating unapproved web sites.
- Incurring more than minimal additional expense, such as using non-trivial amounts of storage space or bandwidth for personal files or photos.
- Using the Internet or HHS workstation to play games, visit chat rooms, or gamble.

Users shall ensure the following protections are properly engaged, particularly on non-HHS equipment or equipment housed outside of HHS facilities:

- Use antivirus software with the latest updates.
- On personally-owned systems, use of anti-spyware and personal firewalls.
- For remote access and mobile devices, a time-out function that requires re-authentication after no more than 30 minutes of inactivity.
- Adequate control of physical access to areas containing sensitive information.
- Use of approved encryption to protect sensitive information stored on portable devices or recordable media, including laptops, thumb drives, and external disks; stored on remote or home systems; or transmitted or downloaded via e-mail or remote connections.
- Use of two-factor authentication for remote access to sensitive information.

Users shall ensure that passwords:

- Contain a minimum of eight alphanumeric characters and (when supported by the OPDIV environment) at least one uppercase and one lowercase letter, and one number, and one special character.
- Avoid words found in a dictionary, names, and personal data (e.g., birth dates, addresses, social security numbers, and phone numbers).
- Are changed at least every 90 days, immediately in the event of known or suspected compromise, and immediately upon system installation (e.g. default or vendor-supplied passwords).
- Are not reused until at least six other passwords have been used.
- Are committed to memory, or stored in a secure place.



**EXHIBIT H**  
**SECURE ONE HHS, INFORMATION SECURITY PROGRAM RULES OF BEHAVIOR**  
**PAGE 4 OF 4**

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**SIGNATURE PAGE**

I have read the *HHS Rules of Behavior* (HHS Rules), version 2008-0001.003S, dated February 12, 2008 and understand and agree to comply with its provisions. I understand that violations of the HHS Rules or information security policies and standards may lead to disciplinary action, up to and including termination of employment; removal or debarment from work on federal contracts or projects; and/or revocation of access to Federal information, information systems, and/or facilities. I understand that exceptions to the HHS Rules must be authorized in advance in writing by the OPDIV Chief Information Officer or his/her designee. I also understand that violation of laws, such as the Privacy Act of 1974, copyright law, and 18 USC 2071, which the HHS Rules draw upon, can result in monetary fines and/or criminal charges that may result in imprisonment.

Signatures: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Employee's/User's Name: \_\_\_\_\_

(Print)

APPROVED BY AND EFFECTIVE  
ON:

\_\_\_\_\_/s/\_\_\_\_\_  
Michael Carleton  
HHS Chief Information Officer

\_\_\_\_\_  
February 12, 2008  
DATE

The record copy is maintained in accordance with GRS 1, 18.a.