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| **Declaration of** |  |
|  | ***Milliman Employee Name*** |

Pursuant to Section 92.525, Florida Statutes, I, **,**

 ***Milliman Employee Name***

declare and state as follows:

1. I am over the age of 21 and am competent to testify as to the matters stated in this declaration.
2. I am an employee of Milliman, Inc. and as part of my employment, I will perform or I reasonably anticipate performing, services for .

 ***Respondent’s Name***

1. I have read the Milliman Organizational Conflict of Interest Mitigation Plan, and I will fully comply with the requirements therein.

I declare under penalty of perjury that the foregoing is true and correct.

Executed in **,** on this day of  202.

 ***City, State***

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|  |
| **Signature** |
|  |
| **Printed Name** |