IMPERIAL HEALTH PLAN
OF CALIFORNIA

2027 COMPLIANCE, FWA, HIPAA TRAINING, P&P, CODE OF CONDUCT ATTESTATION

I acknowledge that I have received/read a copy of the Imperial Health Plan Compliance Training and Education that includes training for Compliance, FWA, HIPAA and Code of Conduct.

I agree to abide by the Compliance Plan, all such Policies and Procedures, and all federal, state and local governmental laws and regulations.

I acknowledge that it is my responsibility to report any/all suspected violations to my supervisor, Compliance Officer, via the Compliance mailbox at compliancefwa@imperialhealthplan.com or anonymously via the Compliance Hotline at 888-708-5377.

I agree to abide by Imperial's Non-disclosure and Confidentiality Clause in the Compliance Plan and the Code of Conduct.

- General Compliance
- Fraud Waste and Abuse Part 1
- Fraud Waste and Abuse Part 2
- HIPAA
- P&P location notification
- Code of Conduct

By signing the below, I am certifying I have reviewed and will abide by the referenced materials above and all regulatory requirements and processes outlined in these documents/trainings I received.

Print Name/Entity: _____

Wet Signature: _____

Department/Entity: _____

Date: _____

☐ New Hire (90 days after hire)
☐ Annual
☐ Ad-hoc

Updated: 10/27/26
Committee Approval: 10/28/26