ULTIMATE HEALTH PLANS
Good health is where you live.

Anyone who in good faith reports a violation is protected from any retaliation by the Company. Good faith reporting of suspected fraud, waste and abuse is expected and accepted behavior.

COMPLIANCE AND FRAUD, WASTE AND ABUSE REPORTING FORM

As a Medicare contractor, Ultimate Health Plans is committed to maintaining a comprehensive compliance program designed to detect, prevent, and address fraud, waste, and abuse. Ultimate Health Plans takes all reports seriously and encourages you to provide complete, accurate, and truthful information. Please do not knowingly submit false or misleading information. Intentionally providing false or misleading information may result in civil and/or criminal penalties. Use of this form will ensure that we process your concerns in an efficient manner. Be sure to complete all sections of the report but contact information is optional.

☐ **I agree to the above terms and conditions of making this report.**

REPORTER PRIVACY

Ultimate Health Plans provides this form to report alleged misconduct or other potential violations. Unless you identify yourself, all reports submitted through this form will remain confidential and anonymous. We respect your right to privacy regarding all reported information and will not knowingly disclose any information that could identify you without your express permission. If you wish to remain anonymous, please do not include information that could personally identify you. For example:

- Do not include your relationship to any individuals identified in your report.
- Do not include your physical location in relation to the individuals or incidents described in your report.

Do you wish to remain ANONYMOUS for this report?

○ Yes

○ No

Your First Name

Your Last Name

Your Phone Number (###-###-####)

Your Email Address

Best time to communicate with you

Are you an employee of Ultimate Health Plans? ○ Yes ○ No

ABOUT THE INCIDENT OR VIOLATION YOU ARE REPORTING

Where did this incident or violation occur? (We recognize that this incident may not have occurred in a particular location. However, if this incident was observed some in documentation or business transactions, please indicate this accordingly.)

Please provide the specific or approximate time this incident or violation occurred. For example, Monday, April 20, 2026

How long do you think this problem has been going on?

How did you become aware of this incident or violation? (Select one)

- ○ It happened to me
- ○ I observed it
- ○ I heard it
- ○ Told to me by a coworker
- ○ Told to me by someone outside the company
- ○ Accidently overheard it
- ○ Accidentally found a document or file
- ○ Other

If other, how?

Please identify the person(s) engaged in this behavior. Please provide first name, last name and title, if known.

- Ex.: John Doe, Director of Sales

#1 #2

Do you suspect or know that a supervisor or management is involved?

- ○ Yes
- ○ No
- ○ Do Not Know - Do Not Wish to Disclose

Please identify anyone who may have attempted to conceal this issue and describe how they did so (Ex.: ignored it, altered documents, denied the issue, or claimed they would investigate it).

Please provide as much detail as possible about the alleged violation, including any witnesses and other information that may assist in the investigation. If you are the only person aware of this situation, please indicate that in your report. Attach supporting documentation, if applicable.