



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Mental Health Parity Annual Compliance Survey

Certification

Company: Aetna Health Inc.

The undersigned certifies that the information that he/she has provided is true and accurate on this 23rd day of April for and on behalf of Aetna Health Inc. that he/she is the Corporate Officer of such company, and he/she has authority to execute such instrument.

Signature of Corporate Officer:

Martha R Temple
(Signature)

Martha Temple, Local Market Head
(Printed Name)

Signature of Chief Medical Officer:

(Signature)

(Printed Name)



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Mental Health Parity Annual Compliance Survey

Certification

Company: Aetna Health Inc.

The undersigned certifies that the information that he/she has provided is true and accurate on this 21st day of April for and on behalf of Aetna Health Inc. that he/she is the Chief Medical Officer of such company, and he/she has authority to execute such instrument.

Signature of Corporate Officer: _____
(Signature)

(Printed Name)

Signature of Chief Medical Officer: Roger London, MD
(Signature)

Roger London
(Printed Name)



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

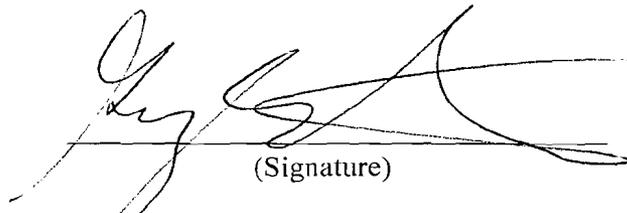
Mental Health Parity Annual Compliance Survey

Certification

Company: Aetna Life Insurance Company

The undersigned certifies that the information that he/she has provided is true and accurate on this 22nd day of April for and on behalf of Aetna Life Insurance Company that he/she is the Corporate Officer of such company, and he/she has authority to execute such instrument.

Signature of Corporate Officer:


(Signature)

Gregory Martino, Vice President
(Printed Name)

Signature of Chief Medical Officer: _____
(Signature)

(Printed Name)



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Mental Health Parity Annual Compliance Survey

Certification

Company: Aetna Life Insurance Company

The undersigned certifies that the information that he/she has provided is true and accurate on this 21st day of April for and on behalf of Aetna Health Inc. that he/she is the Chief Medical Officer of such company, and he/she has authority to execute such instrument.

Signature of Corporate Officer:

(Signature)

(Printed Name)

Signature of Chief Medical Officer:

Roger London, MD
(Signature)

Roger London
(Printed Name)

STATE OF CONNECTICUT

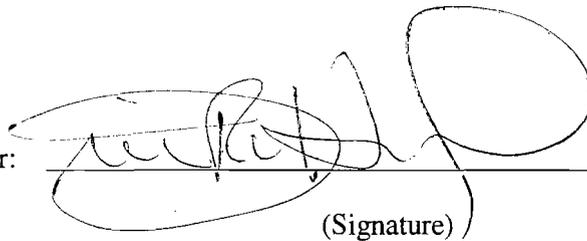
INSURANCE DEPARTMENT

Mental Health Parity Annual Compliance Survey Certification

Company: Anthem Health Plans, Inc.

The undersigned certifies that the information that he/she has provided is true and accurate on this 30th day of April for and on behalf of ,
Anthem Health Plans, Inc., that he/she is the President
of such company, and he/she has authority to execute such instrument.

Signature of Corporate Officer:

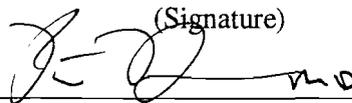


(Signature)

Jill Rubin-Hummel

(Printed Name)

Signature of Chief Medical Officer: Dr. Peter N. Bowers MD



(Signature)

(Printed Name)



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Mental Health Parity Annual Compliance Survey

Certification

Company: AXA Equitable Life Insurance Company

The undersigned certifies that the information that he/she has provided is true and accurate on this 8th day of May 2014 for and on behalf of AXA Equitable Life Insurance Company, that he/she is the Senior Director of such company, and he/she has authority to execute such instrument.

Signature of Corporate Officer:

Patrick A Parry
(Signature)

Patrick Parry

(Printed Name)

Signature of Chief Medical Officer:

Robert Jaeger
(Signature)

Dr. Rich Jaeger

(Printed Name)



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Mental Health Parity Annual Compliance Survey

Certification

Company: BCS Insurance Company

The undersigned certifies that the information that he/she has provided is true and accurate on this 30th day of April for and on behalf of BCS Insurance Company, that he/she is the Vice President of such company, and he/she has authority to execute such instrument.

Signature of Corporate Officer:

Linda H. Hickok
(Signature)

Linda H. Hickok

(Printed Name)

Signature of Chief Medical Officer:

Frank Gillingham
(Signature)

Frank Gillingham

(Printed Name)



STATE OF CONNECTICUT

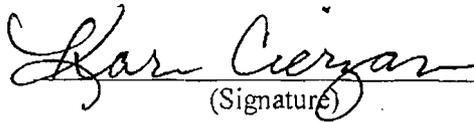
INSURANCE DEPARTMENT

Mental Health Parity Annual Compliance Survey

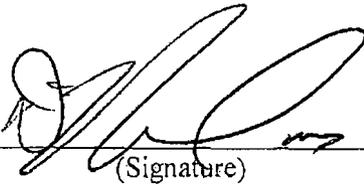
Certification

Company: Cigna (including Connecticut General Life Insurance Company; Cigna Health and Life Insurance Company; Cigna HealthCare of Connecticut, Inc.; Cigna Behavioral Health, Inc. and Cigna Health Management, Inc.)

The undersigned certifies that the information that he/she has provided is true and accurate on this 5th day of June 2014 for and on behalf of Cigna Behavioral Health, Inc., that he/she is the President and CEO of such company, and he/she has authority to execute such instrument.

Signature of Corporate Officer: 
(Signature)

Karen Cierzan
(Printed Name)

Signature of Chief Medical Officer: 
(Signature)

Doug Nemecek, M.D.
(Printed Name)



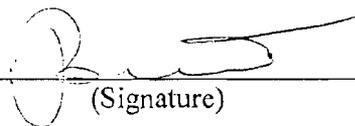
STATE OF CONNECTICUT
INSURANCE DEPARTMENT

Mental Health Parity Annual Compliance Survey
Certification

Company: ConnectiCare Inc., and ConnectiCare Insurance Company, Inc.
(the "Companies")

The undersigned certifies that the information that he/she has provided is true and accurate on this 29th day of April for and on behalf of the Companies, that he/she is the Sr. VP of such company, and he/she has authority to execute such instrument.

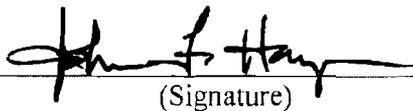
Signature of Corporate Officer:



(Signature)
Jean Bisio

(Printed Name)

Signature of Chief Medical Officer:



(Signature)
John Harper, M.D.

(Printed Name)



STATE OF CONNECTICUT

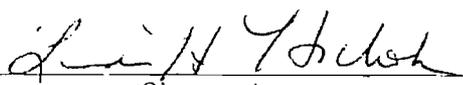
INSURANCE DEPARTMENT

Mental Health Parity Annual Compliance Survey

Certification

Company: 4 Ever Life Insurance Company

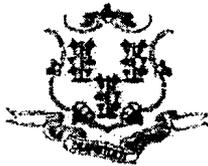
The undersigned certifies that the information that he/she has provided is true and accurate on this 30th day of April for and on behalf of 4 Ever Life Insurance Company, that he/she is the Vice President of such company, and he/she has authority to execute such instrument.

Signature of Corporate Officer: 
(Signature)

Linda H. Hickok
(Printed Name)

Signature of Chief Medical Officer: 
(Signature)

Frank Gillingham
(Printed Name)



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Mental Health Parity Annual Compliance Survey

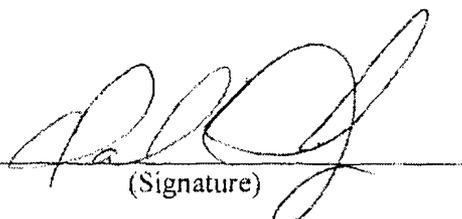
Certification

Company: Golden Rule Insurance Company

The undersigned certifies that the information that he/she has provided is true and accurate on this 29th day of April, 2014 for and on behalf of Golden Rule Ins. Co, that he/she is the Vice President of such company, and he/she has authority to execute such instrument.

Signature of Corporate Officer: 
(Signature)

MICHAEL L. CORNE
(Printed Name)

Signature of Chief Medical Officer: 
(Signature)

DANIEL L. DENOGEE, MD
(Printed Name)



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

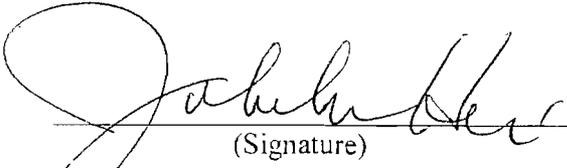
Mental Health Parity Annual Compliance Survey

Certification

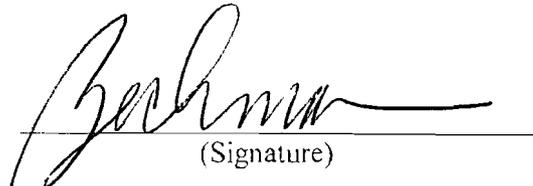
Company: John Alden Life Insurance Company

The undersigned certifies that the information that he/she has provided is true and accurate on this 14th day of April, 2014 for and on behalf of John Alden Life Insurance Company, that he/she is the Vice President of such company, and he/she has authority to execute such instrument.

Signature of Corporate Officer:


(Signature)
Julia M. Hix
(Printed Name)

Signature of Chief Medical Officer:


(Signature)
Kenneth Beckman, MD
(Printed Name)



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Mental Health Parity Annual Compliance Survey

Certification

Company: Monumental Life Insurance Company

The undersigned certifies that the information that he/she has provided is true and accurate on this 30th day of April 2014 for and on behalf of Monumental Life Insurance Company, that he/she is the Vice President - Compliance of such company, and he/she has authority to execute such instrument.

Signature of Corporate Officer:


(Signature)

STEVEN D BUHR
(Printed Name)

Signature of Chief Medical Officer:


(Signature)

Paul R. Bell, M.D.
(Printed Name)



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

Mental Health Parity Annual Compliance Survey

Certification

Company: Nationwide Life Insurance Company (NAIC # 66869)

The undersigned certifies that the information that he/she has provided is true and accurate on this 3 day of June '14 for and on behalf of Nationwide Life Insurance Company, that he/she is the Chief Specialty Ins. Officer of such company, and he/she has authority to execute such instrument.

Signature of Corporate Officer:

S. H. Kyriakou
(Signature)
SYED RIZVI
(Printed Name)

Signature of Chief Medical Officer:

Michael L. Moore
(Signature)
MICHAEL L. MOORE MD
(Printed Name)

STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Mental Health Parity Annual Compliance Survey Certification

Company: Oxford Health Insurance, Inc.

The undersigned certifies that the information that he/she has provided is true and accurate on this 16th day of April, 2014 for and on behalf of Oxford Health Insurance, Inc., that he/she is the officer of such company, and he/she has authority to execute such instrument.

Signature of Corporate Officer:



(Signature)

STEPHEN J. FARRELL

(Printed Name)

Signature of Chief Medical Officer:

(Signature)

(Printed Name)

STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Mental Health Parity Annual Compliance Survey Certification

Company: Oxford Health Insurance, Inc.

The undersigned certifies that the information that he/she has provided is true and accurate on this 9th day of April, 2014 for and on behalf of Oxford Health Insurance, Inc., that he/she is the officer of such company, and he/she has authority to execute such instrument.

Signature of Corporate Officer:

(Signature)

(Printed Name)

Signature of Senior Medical Director:

Donald Stangler, M.D.
(Signature)

Donald Stangler, M.D.

(Printed Name)

STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Mental Health Parity Annual Compliance Survey Certification

Company: Oxford Health Plans (CT), Inc.,

The undersigned certifies that the information that he/she has provided is true and accurate on this 16th day of April, 2014 for and on behalf of Oxford Health Plans (CT), Inc., that he/she is the officer of such company, and he/she has authority to execute such instrument.

Signature of Corporate Officer:



(Signature)

STEPHEN J. FARRELL

(Printed Name)

Signature of Chief Medical Officer:

(Signature)

(Printed Name)

STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Mental Health Parity Annual Compliance Survey Certification

Company: Oxford Health Plans (CT), Inc.,

The undersigned certifies that the information that he/she has provided is true and accurate on this 9th day of April, 2014 for and on behalf of Oxford Health Plans (CT), Inc., that he/she is the officer of such company, and he/she has authority to execute such instrument.

Signature of Corporate Officer:

(Signature)

(Printed Name)

Signature of Senior Medical Director:

Donald Stangler, M.D.
(Signature)

Donald Stangler, M.D.
(Printed Name)



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Mental Health Parity Annual Compliance Survey

Certification

Company: Prudential Insurance Company of America,
Individual Health

The undersigned certifies that the information that he/she has provided is true and accurate on this 30th day of April, 2014 for and on behalf of Prudential Ins Co of America, that he/she is the Corporate Officer of such company, and he/she has authority to execute such instrument.

Signature of Corporate Officer:

[Handwritten Signature], VP
(Signature)

Wayne Clarke
(Printed Name)

Signature of Chief Medical Officer:

No Chief Medical Officer has been
(Signature) appointed.

(Printed Name)



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

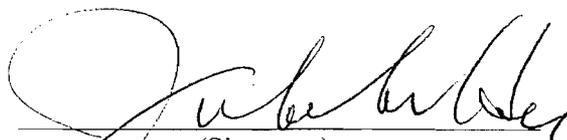
Mental Health Parity Annual Compliance Survey

Certification

Company: Time Insurance Company

The undersigned certifies that the information that he/she has provided is true and accurate on this 14th day of April, 2014 for and on behalf of Time Insurance Company, that he/she is the Vice President of such company, and he/she has authority to execute such instrument.

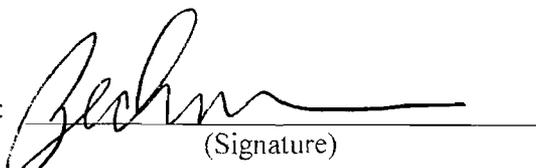
Signature of Corporate Officer:


(Signature)

Julia M. Hix

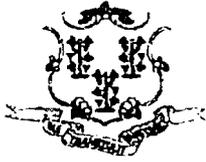
(Printed Name)

Signature of Chief Medical Officer:


(Signature)

Kenneth Beckman, MD

(Printed Name)



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Mental Health Parity Annual Compliance Survey

Certification

Company: Trustmark Insurance Company

The undersigned certifies that the information that he/she has provided is true and accurate on this 15th day of May 2014 for and on behalf of Trustmark Insurance Company, that he/she is the Vice President/Chief Medical Officer of such company, and he/she has authority to execute such instrument.

Signature of Corporate Officer:

Liz O'Brien
(Signature)

Liz O'Brien
(Printed Name)

Signature of Chief Medical Officer:

Dennis Richling MD
(Signature)

Dennis Richling
(Printed Name)



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

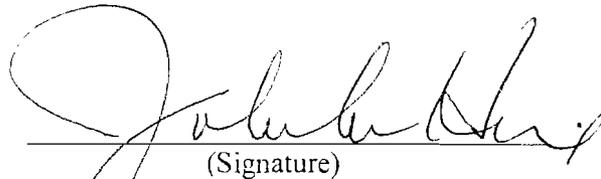
Mental Health Parity Annual Compliance Survey

Certification

Company: Union Security Insurance Company

The undersigned certifies that the information that he/she has provided is true and accurate on this 14th day of April, 2014 for and on behalf of Union Security Insurance Company, that he/she is the Vice President of such company, and he/she has authority to execute such instrument.

Signature of Corporate Officer:


(Signature)

Julia M. Hix

(Printed Name)

Signature of Chief Medical Officer:


(Signature)

Kenneth Beckman, MD

(Printed Name)

STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Mental Health Parity Annual Compliance Survey Certification

Company: UnitedHealthcare Insurance Company

The undersigned certifies that the information that he/she has provided is true and accurate on this 7th day of April, 2014 for and on behalf of UnitedHealthcare Insurance Company, that he/she is the officer of such company, and he/she has authority to execute such instrument.

Signature of Corporate Officer:

Juanita B. Luis

(Signature)

Juanita B. Luis, Asst. Secretary

(Printed Name)

Signature of Chief Medical Officer:

(Signature)

(Printed Name)

STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Mental Health Parity Annual Compliance Survey Certification

Company: UnitedHealthcare Insurance Company

The undersigned certifies that the information that he/she has provided is true and accurate on this 9th day of April, 2014 for and on behalf of UnitedHealthcare Insurance Company, that he/she is the officer of such company, and he/she has authority to execute such instrument.

Signature of Corporate Officer:

(Signature)

(Printed Name)

Signature of Senior Medical Director:

Donald Stangler, M.D.
(Signature)

Donald Stangler, M.D.

(Printed Name)