

## DATA USE AGREEMENT (DUA) ADDENDUM for Data Acquired from the CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

The following individual(s) requests access to CMS data. Their signature(s) attest to their agreement with the terms and conditions defined in the original documentation for Data Use Agreement (DUA) 26032 or for new DUA study/project name \_\_\_\_\_

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**Part A Requester Custodian Subcontractor Recipient**

Printed Name Arthur L. Wilmes, Principal and Consulting Actuary Phone 317-639-1000 Ext 3521

Organization Milliman, Inc.

Street Address 111 Monument Circle, Suite 601

City Indianapolis State IN Zip 46204-5128

E-mail art.wilmes@milliman.com

Signature 

(if applicable) Courier name \_\_\_\_\_ Account number \_\_\_\_\_

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**Part B Requester Custodian Subcontractor Recipient**

Printed Name Arthur L. Wilmes  
Principal & Consulting Actuary Phone 317-639-1000 Ext 3521

Organization Milliman, Inc.

Street Address 111 Monument Circle, Suite 601

City Indianapolis State IN Zip 46204-5128

E-mail art.wilmes@milliman.com

Signature 

(if applicable) Courier name \_\_\_\_\_ Account number \_\_\_\_\_

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**Contracting Officer Representative (COR)/Government Task Lead (GTL) or CMS Privacy Staff**

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Organization \_\_\_\_\_

Please send as an email attachment to **DataUseAgreement@cms.hhs.gov**, and see our website at

**[www.cms.gov/privacy](http://www.cms.gov/privacy)**

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 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, Md. 21244-1850.