## **Attestation for Request for Reimbursement of an Incurred Expense**

Part I: Employee
Ι,,
am covered under the following health coverage:
<ul> <li>☐ The coverage continues to be minimum essential coverage (MEC).</li> <li>☐ The submitted medical expense has not been previously reimbursed, and reimbursement will not</li> </ul>
be sought for the expense from any other arrangement or health plan.  Part II: Dependent (if applicable)
The following family member:
is covered under the following health coverage:
☐ The coverage continues to be MEC.
☐ The submitted medical expense has not been previously reimbursed, and reimbursement will not be sought for the expense from any other arrangement or health plan.
Part III: Attestation
I hereby affirm that the above information is true and accurate.
Signed: Date:

Above is model attestation language that an employer can choose to include on a QSEHRA's reimbursement form for the employee to satisfy the requirement to attest that the individual whose expense is being reimbursed continues to have MEC. Ref. IRS Notice 2017-67, Appendix B, page 58.