

## Attestation for Request for Reimbursement of an Incurred Expense

### Part I: Employee

I, \_\_\_\_\_,

am covered under the following health coverage:

- \_\_\_\_\_
- The coverage continues to be minimum essential coverage (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 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: \_\_\_\_\_