ISD 709 DULUTH PUBLIC SCHOOLS
Attestation Form
For Single-Coverage Health Reimbursement Arrangements Only

I have or am currently enrolled in the group health insurance plan provided by my employer; and

I am enrolled in single (or single plus one) coverage through that employer-sponsored group health insurance plan; and

I have access to, and I have assets in a Health Reimbursement Arrangement.

I understand that in order for my HRA to reimburse expenses incurred by my spouse and/or dependent(s) the following must be true:

My spouse and/or dependent(s) must be enrolled in insurance that meets the following criteria:

- Must be a group employer-sponsored health insurance plan provided through my spouse’s or another family member’s employer; and
- The plan must meet minimum essential coverage (MEC) requirements; and
- The plan must meet minimum value (MV) coverage requirements.

Understanding the criteria above, I wish to request that my HRA plan provide for the reimbursement of expenses incurred by my spouse and/or legal dependent(s)

I attest that the following statements are true and correct.
My spouse is enrolled in an employer-sponsored group health plan meeting MEC and MV requirements.  YES or NO

Print Spouse’s Name: __________________________

My dependent is enrolled in an employer-sponsored group health plan meeting the MEC and MV requirements. YES or NO

Print the names of all dependents this statement applies to:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Signature: __________________________

________________________________________
(Print Full Name)

Date: __________________________