

OTC COVID-19 Test Employee's Attestation

Employee Name: _____

Address: _____

City/State/Zip: _____

Telephone/Email: _____

Dates of Purchase:

I attest that the OTC COVID-19 tests were purchased for my own personal use or for the use of my covered dependents.

In addition, the Medical Plan will require reasonable documentation of proof of purchase of an OTC COVID-19 test, such as the UPC code and/or a receipt from the seller of the test, documenting the date of purchase and the price, if you purchased the tests at an out-of-network provider.

I declare that to the best of my knowledge the above is true and correct. I understand if my statement is found to be false, I may face disciplinary action, including dismissal.

From the Employee:

_____ Signature _____ Date

From Plan Representative: I received this Attestation on _____ Date

_____ (Signature)