

To be completed ONLY if you are NOT eligible for the HSA

Health Reimbursement Arrangement (HRA) Employee Attestation Form

Please complete and submit this document to your employer. This is an internal document used by your employer for data collection purposes. Forms returned to Discovery Benefits cannot be processed.

*Required Fields

Step 1: Employee Information

*Employee Name (First, MI, Last)

*Employer Name (Do not abbreviate)

*Social Security Number

*Employer's Group Health Plan Year Effective Date (mm/dd/yyyy)

HDHP Coverage Level

(*check one)

Single / Family

Step 2: Authorization and Signature

I hereby certify that all information is true and complete. I understand that by signing this form, I am attesting to the fact that I am enrolled in the group health plan as indicated above. Failure to be enrolled in group health plan coverage will impact my eligibility to receive future HRA contributions. I understand that this attestation is for the current plan year only and that I must attest annually during my employer's plan year renewal.

*Employee Signature

*Date