Attestation for Request for Reimbursement of an Incurred Expense

Please complete the following for any expenses being reimbursed from the QSEHRA.

Check the appropriate box:

- ☐ I continue to maintain health coverage consistent with the information provided on the Attestation for Proof of MEC form.
- ☐ I am including an updated Attestation for Proof of MEC form, because my health coverage has changed.
- ☐ I do not have MEC and I acknowledge that any reimbursements made to me will be added to my taxable income.

Date of Service	Cost	Provider/Store & Description	Patient Name

**Provide a copy of receipt/proof of payment for each item listed to be reimbursed.

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. I hereby affirm that the above information is true and accurate.

Name: _____

_____ _____

Signature Date

Revised on 3/3/26