

Alaska Electrical Health & Welfare Fund

COVID-19 Over-the-Counter Test Kit

Attestation of Personal Use

Pursuant to federal law, the [Plan] reimburses you for the cost of over-the-counter COVID-19 test kits that you purchase for personal home use, up to a maximum of 8 test per person per calendar month.

To receive reimbursement, sign and submit the attestation below along with your claims for reimbursement and proofs of purchase. A receipt showing the UPC code and date of purchase is required for you to receive reimbursement. Please count the total number of tests that can be performed— for example, if you purchased a test kit that performs two tests, please count that as two.

Name: _____

Unique ID: 000_____

Number of test kits purchased: _____

Proof of purchase attached:

Total cost: \$_____

By signing below, I attest that:

- ❖ I purchased these COVID-19 tests for the personal use of myself or my immediate family, for the purpose of diagnosing COVID-19.
- ❖ These tests will not be resold, traded, or reimbursed by another source.
- ❖ I did not purchase these tests for the purpose of, and they will not be used for, compliance with an employer's COVID-19 testing requirements.
- ❖ The information on this form is true and correct.

Signature

Date