

## Model Attestation

**Employee Name:**

(Employers should add other identifying information requested by the employer for administrative purposes)

I attest that I am enrolled in, or immediately will enroll in, one of the following types of coverage:

- (1) Employer-sponsored health coverage through the employer of my spouse or parent
- (2) Individual health insurance coverage enrolled in through the Health Insurance Marketplace (also known as the Health Insurance Exchange)
- (3) Medicaid
- (4) Medicare
- (5) TRICARE
- (6) Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)
- (7) Other coverage that provides comprehensive health benefits (for example, health insurance purchased directly from an insurance company or health insurance provided through a student health plan).

Signature:

Date: