East Bay Regional Park District

2950 PERALTA OAKS COURT • OAKLAND • CALIFORNIA • 94605-0381 • T: 1-888-EBPARKS • F: 510-569-4319 • TRS RELAY: 711 • EBPARKS.ORG

CERTIFICATION FOR HEALTHCARE EXPENSE REIMBURSEMENT

By signing this form, I hereby certify that:

1) I, my spouse, or my eligible dependent(s) has incurred each health care coverage premium expense for which I am requesting reimbursement from the East Bay Regional Park District Health Reimbursement Arrangement (EBRPD HRA) on this form;

2) each such expense is eligible for reimbursement under the EBRPD HRA;

3) each such expense has not been reimbursed from any other source, including another health reimbursement arrangement;

4) I will not seek reimbursement for the expense(s) from any other source; and

5) to the best of my knowledge and belief, each of my statements in this form is true, complete, and accurate.

Expenses for Which Reimbursement is Requested (please attach proof of payment):

_____ _____

Printed Name Date

_____

Signature