

LIFESPAN WITHOUT HRA ATTESTATION



PURPOSE

You have selected a Lifespan plan without a Health Reimbursement Account (HRA). This plan provides you with a lower rate. This form provides Tufts Health Plan with documentation that you will not pair an HRA with this plan.

PLAN SPONSOR INFORMATION

First Name Middle Name Last Name

Title

Employer/Plan Sponsor Group Number(s)

Address City, State Zip Code

Email Address Phone

PLAN SPONSOR ATTESTATION

I, the undersigned, duly-authorized representative for _____
("Group"), acknowledge that Group has applied for the Lifespan plan without HRA. Group hereby attests that it will not fund an HRA, and its employees will be fully financially responsible for the member cost-sharing under the Lifespan plan. Group also acknowledges that by paying the first month's premium for this Lifespan coverage, it is agreeing that, if it does fund an HRA, Tufts Health Plan has the right to adjust Group's premium back to the effective date, and Group will pay Tufts Health Plan both retrospective and prospective premium differences.

First Name Middle Name Last Name

Title

Signature Date