

Voluntary Employees' Beneficiary Association (VEBA) Attestation

You are receiving this attestation because you registered for the monthly HCTC program with a qualified health plan through a VEBA. Although your VEBA is qualified for the HCTC through February 13, 2012, only certain VEBAs will be qualified *after this date* due to expiration of the Omnibus Trade Act of 2010.

If your health plan is through a VEBA established as a result of your former employer's bankruptcy and was offered to you in lieu of COBRA coverage, it will continue to be qualified beyond February 13, 2012, once you complete and submit this attestation.

Instructions

Please complete, and submit, the attestation below. You may fax your completed attestation from a secure fax line to the HCTC Program (Fax Number: 1-866-627-4282), or mail it to the HCTC Program at the following address:

HCTC Processing Center
P.O. Box 760189
San Antonio, TX 78245

Attestation

By completing this attestation, you confirm that the following statement applies to you.

I chose a health plan through a VEBA that was established as a result of my former employer's bankruptcy, and was offered to me in lieu of COBRA coverage and retiree benefits.

Sign and Date This Section

Under penalty of perjury, I certify the statement listed above applies to me and my family members, and I declare that the information I am certifying is true, complete, and accurate, to the best of my knowledge. I understand that a knowingly and willfully false statement on this form can result in my disqualification from the monthly HCTC program.

Signature

XXX-XX-

Today's Date

Last 4 digits of Social Security Number

First Name

Last Name

Street Address

City, State, Zip Code