

# City of Lowell

## Out-of-Pocket Accumulation Attestation



To be completed and submitted by City of Lowell Employees

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

I attest to the accumulation of out-of-pocket expenses, as outlined by the City of Lowell, **greater than or equal to \$900 per Individual or \$1,800 per Family** policy and have thus attached substantiation of these expenses.

It is understood that this is a requirement in order to be reimbursed for any subsequent out-of-pocket expenses.

\_\_\_\_\_  
First Name (Print)

\_\_\_\_\_  
Middle name

\_\_\_\_\_  
Last name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Home address

\_\_\_\_\_  
City, state

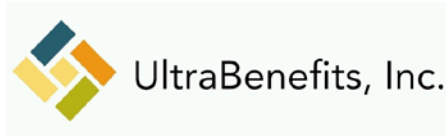
\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Date



# Substantiation

City of Lowell

*Expenses that can accumulate to your minimum out-of-pocket expenses are: Office Visit Copayments, Pharmacy Copayments and Co-insurance.*

Please provide a list of your out-of pocket expenses that have accumulated towards your minimum out-of-pocket expense requirement and attach corresponding receipts and/or EOB's before submitting to UltraBenefits.

**Employee Name:**

Date of Service	Type of Service	Amount
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$
11		\$
12		\$
13		\$
14		\$
15		\$
16		\$
17		\$
18		\$
19		\$
20		\$
21		\$
22		\$
23		\$
24		\$
25		\$
26		\$
27		\$
28		\$
29		\$
30		\$
<b>TOTAL</b>		<b>\$</b>