I affirm that I or my covered family members have incurred 2026 costs for which my documented year-to-date responsibility exceeds the required plan threshold. I certify that this request represents only the amount in excess of that threshold for which I have not previously received payment.

Furthermore, I attest that these expenses have not been, and will not be, reimbursed through any other insurance coverage or reimbursement program. If I am enrolled in coverage through a spouse's plan, I affirm that such coverage provides more than just excepted benefits.