



Summary of Benefits and Coverage Attestation

This Summary of Benefits and Coverage Attestation (“Attestation”) is made by [INSERT COMPANY NAME] “Company”, with an address at [INSERT COMPANY ADDRESS].

The Summary of Benefits and Coverage (“SBC”) is a document that summarizes the benefit plan an employer elects for medical coverage and is required by the federal healthcare reform law, the Patient Protection and Affordable Care Act (“PPACA”). Pursuant to PPACA, for insured health plans, Humana and Company are responsible for meeting the SBC requirements for creation and delivery of the SBCs to persons electing the medical coverage (“members”).

As a duly authorized representative of Company, I hereby attest and acknowledge on behalf of the Company that I have agreed to deliver and have delivered to all members of the Humana medical plan(s) the SBC document(s) prior to the desired plan(s) effective date, [INSERT EFFECTIVE DATE].

Nothing in this Attestation is intended to modify the terms and conditions contained in any agreement between Company and Humana or any other information, including but not limited to, the SBCs.

I declare that this statement is true and accurate.

EXECUTED ON BEHALF OF COMPANY BY:

Signature of Duly Authorized Representative

Printed name of Duly Authorized Representative

Title of Duly Authorized Representative

Date

Note: The attestation must be signed, dated and received within five calendar days of the effective date of the desired plan(s).