

Town of Wakefield Out-of-Pocket Accumulation Attestation

To be completed and submitted by Town of Wakefield Employees to:

UltraBenefits
22 Elm Street, Suite 110
Worcester, MA 01608

Employee Name: _____

Department: _____

I attest to the accumulation of out-of-pocket expenses, as outlined by the Town of Wakefield, **greater than or equal to \$1,500 per Individual or \$3,000 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

Expenses that can accumulate to your minimum out-of-pocket expenses are: Office Visit Copayments, Specialist Visit Copayments, Pharmacy Copayments, Deductibles, 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.

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		\$
TOTAL		\$