

I certify the following:

- The test(s) submitted were purchased for me or my covered dependents for our personal use and will not be given or sold to a third party.
- The test(s) submitted are not being used for employer-required or travel related testing.
- I have not used my FSA or HSA funds to purchase these test(s).

Note: Any person who, with intent to defraud or knowingly is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Signature: _____ Date: _____

Attach original UPC and receipt(s) for the tests purchased in this box. Retain a copy for your records.

Please send the completed form and requested documentation to:
Medical Mutual, P.O. Box 6018 Cleveland Ohio 44101-1018