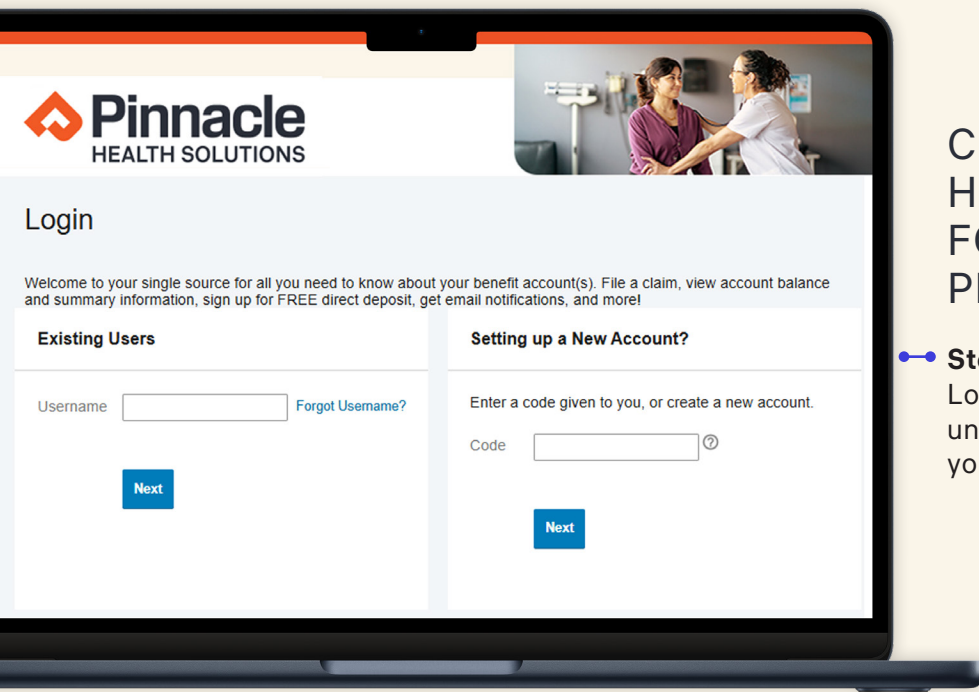


Completing your healthcare attestation for the Partner Coverage HRA



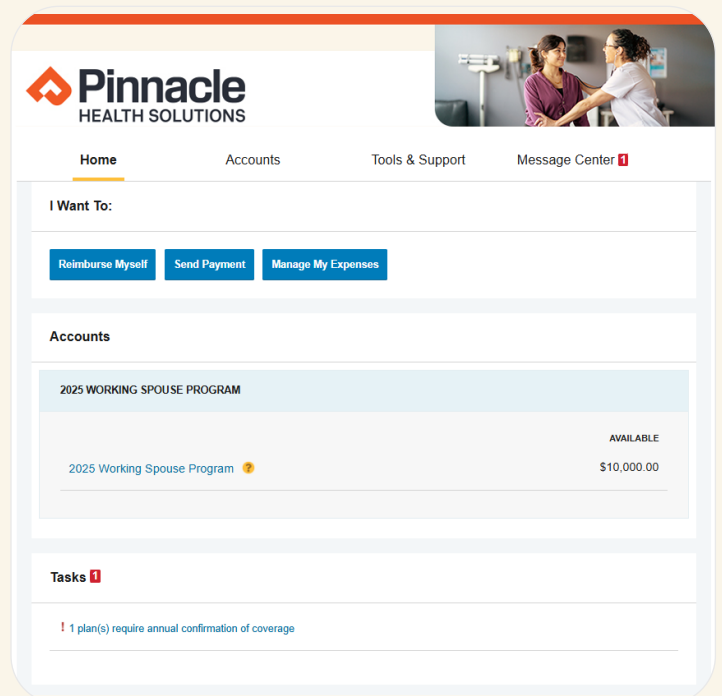
COMPLETING YOUR HEALTHCARE ATTESTATION FOR THE WORKING SPOUSE PROGRAM

Step 1.

Login to the **Reimbursement Portal** under the '**Existing Users**' section using your **Username** and **Password**.

Step 2.

On the **Homepage**, navigate to the **Tasks** section. Here you will see an outstanding task labeled **"1 plan(s) require annual confirmation of coverage"**, click this link to complete your required attestation.



Step 3:

Complete **ALL** fields on the Attestation page

- Name
- Health Coverage: Enter name of **carrier, plan,** and **employer**
- Health Coverage **Begin Date**
- Monthly Premium **Amount**
- Add **Dependent Coverage** required fields
- Complete the required fields

Home Accounts Tools & Support Message Center 1

Accounts / WSP Enrollment Attestation

By completing this enrollment session, I acknowledge and certify that I understand and agree to the following:

- I agree to comply with the Terms and Conditions of the WSP and understand that any fraudulent claims or the provision of false information may result in immediate termination of my participation in the program and may lead to legal action to recover any improperly obtained benefits.
- I acknowledge that this attestation applies because I have elected the WSP and am waiving coverage in the Golden State Foods medical plan.
- I certify that Golden State Foods has offered me and my eligible dependents a group medical plan that is not limited to "excepted benefits" under the Affordable Care Act (ACA).
- I further certify that I, my spouse, and/or my dependents are enrolled in another employer's group health plan that is not limited to "excepted benefits" under the ACA and is not solely a health reimbursement arrangement.
- I attest that my alternate coverage is not any of the following: a High Deductible Health Plan (HDHP) with active HSA contributions (and I understand that HSA funds cannot be used for medical expenses for WSP-enrolled members), Medicaid, Medicare, Tricare, a Healthcare Exchange Policy under the ACA, an individual policy, or a Limited Benefit Health Plan.

2025 Working Spouse Program (1/1/2025 - 12/31/2025) for 2025 * Required

Coverage Information

Name *

Health Coverage *
Insert name of insurance company or indicate "Medicare".

Health Coverage Begin Date * 
Insert date coverage began or will begin.

Monthly Premium Amount \$

[Add Dependent Coverage](#)

Step 4:

Sign and Date by typing your full name and entering today's date, click **Submit**.

Attestation

Signature *

Date * 

Step 5:

Confirm submission of Attestation.

Confirmation

You have attested that you have health insurance coverage provided by Kaiser Permanente HMO 70/30 - Test Employer, starting on 1/1/2026. Claims can only be reimbursed from your 2025 Working Spouse Program (1/1/2025 - 12/31/2025) while you have health insurance coverage.

Need Help?

Email our customer service team at CHLAPartnerCoverageHRA@pinnacle-health.com or call us (888) 567-8058.