

Affidavit of Annual Out of Pocket Medical Expenses

STATE OF ILLINOIS;
COUNTY OF COOK

I, _____, residing at _____, Illinois, do hereby attest that;

1. I am over the age of 18 and have personal knowledge of the facts herein, and if questioned, could testify completely thereto.
2. I voluntarily declined to enroll in the Cook County School District 104 health insurance plan.
3. I am enrolled in a health insurance plan that is in full compliance with the Affordable Care Act (ACA).
4. I have paid at least \$750.00 in out of pocket medical expenses, as defined by the IRS, during the past school year.

Under penalties as provided by Illinois law, the undersigned certifies that the statements set forth in this instrument are true and correct.

Executed this _____ day of _____, 20_____.

(Signature)

(Print Name)

NOTARY ACKNOWLEDGEMENT

STATE OF ILLINOIS, COUNTY OF COOK, ss:

This Affidavit was acknowledged before me on this _____ day of _____, by _____, who says that he/she has read the forgoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.

Notary Public

Title

My Commission Expires _____