



## Coronavirus Aid, Relief, and Economic Security Act Certification Statement

Please fill in your information (print or type), and sign and date the bottom of the form:

Employee Name	Social Security Number
Employee Telephone Number	Employee Email Address
Employer	State

I attest and certify that I meet the definition of a “qualified individual” as noted below:

- I attest that I was diagnosed with COVID-19; or
- I attest that I have a spouse or tax dependent who was diagnosed with COVID-19; or
- I attest that I, my spouse, my dependent, or household member have experienced one of the following adverse financial consequences as a result of:
  - being quarantined due to COVID-19; or
  - being furloughed or laid off or having work hours reduced due to COVID-19; or
  - being unable to work due to lack of child care due to COVID-19; or
  - the closing or reduction in hours of a business due to COVID-19.

Employee Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_, 20\_\_\_\_\_

**Submit This Completed Form**  
**and**  
**All Completed Investment Provider Forms to:**

**Envoy Plan Services • c/o TSA Consulting Group**  
73 Eglin Parkway NE, Suite 202  
Fort Walton Beach, FL 32548  
Email: [envoy.recordkeeping@tsacg.com](mailto:envoy.recordkeeping@tsacg.com)  
**Fax: (877) 513-2272**

*Carefully verify fax number dialed.*

NOTE: Faxed transactions require 24 hours for verification of receipt by Envoy Plan Services.

# CARES Act Self-Certification Form