



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 TSACG:

TSA Administration Services
Attn: Participant Services
P.O. Box 4037, Fort Walton Beach, FL 32549-4037
Email: recordkeeping@tsacg.com
Fax: 1-866-741-0645 or 1-866-814-0622

Carefully verify fax number dialed.

NOTE: Faxed transactions require 24 hours for verification of receipt by TSACG.

CARES Act Self-Certification Form