

## Cooperative's Verification Form

By signing below I affirm that the information provided for the "Federal Reimbursement of Health Benefits" is accurate to the best of my knowledge according to the information provided within our payroll system. The ACH payment has been made accordingly through the ACH Pay website. The document used to determine the total due has been uploaded into Share-point per the instructions.

This information is for the specific "**Billing Month**", "**Billing Year**" and **Cooperative** listed below for the exact "**Amount Remitted**".

**Billing Month:**

**Billing Year:**

**Name of Cooperative:**

**Amount Remitted**

**Please Sign Below**

**Date Signed**

**NOTE:** This form must be completed every month and signed by the Director of Finance, or equivalent then upload this form and a document that was used in determining who should be reimbursed and how much to reimburse into Share Point. (See instructions on the Federal Reimbursement of Health Benefits website)

Dated: 10/4/23