***Name of Plan***

**CERTIFICATION OF STATUS AS CORONAVIRUS QUALIFIED INDIVIDUAL**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify that I am a Qualified Individual for purposes of coronavirus-related distributions, loans, or loan payment relief from a retirement plan because *(check one):*

* I, my spouse, or my dependent has been diagnosed for Coronavirus by a test approved by the Centers for Disease Control and Prevention,
* I have experienced adverse financial consequences as a result of being quarantined, being furloughed or laid off, or having work hours reduced due to Coronavirus,
* I have experienced adverse financial consequences as a result of being unable to work due to lack of childcare due to Coronavirus, or
* I have experienced adverse financial consequences as a result of closing or reducing hours of a business I own or operate due to Coronavirus.

“Coronavirus” means either the virus SARS–CoV–2 or coronavirus disease 2019 (COVID–19).

**Acknowledgement/Authorization**

Date of signature:

 Signature of Participant