***Name of Plan***

**CORONAVIRUS RECONTRIBUTION BY QUALIFIED INDIVIDUAL**

My Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of Recontribution: \_\_\_\_\_\_\_\_\_\_\_\_\_

I wish to recontribute a coronavirus-related distribution to the Plan. I hereby certify that:

* I previously received the recontributed amount in 2020 as all or part of a coronavirus-related distribution from a qualified plan, a 403(b) plan, a governmental 457(b) plan, or an IRA;
* I am a Qualified Individual eligible to make the recontribution because I meet at least one of the following conditions*:*

1. I was diagnosed with COVID-19 by an approved test;
2. My spouse or my dependent was diagnosed with COVID-19 by an approved test; or
3. I have experienced adverse financial consequences because:
4. I, my spouse, or a member of my household was quarantined, furloughed or laid off, or had work hours reduced due to COVID-19;
5. I, my spouse, or a member of my household was unable to work due to lack of childcare due to COVID-19;
6. A business owned or operated by me, my spouse, or a member of my household closed or reduced hours due to COVID-19; or
7. I, my spouse, or a member of my household had a reduction in pay (or self-employment income) due to COVID-19 or had a job offer rescinded or start date for a job delayed due to COVID-19.

“COVID-19” means either the virus SARS–CoV–2 or coronavirus disease 2019. “An approved test” means a test approved by the Centers for Disease Control and Prevention (including a test authorized under the Federal Food, Drug, and Cosmetic Act). A “member of my household” means someone who shares my principal residence. I understand that the Plan will hold my recontribution as a rollover contribution, subject to all Plan terms and conditions.

**Acknowledgement/Authorization**

Date of signature:

Signature of Participant