



**Individual Self-Certification**

- for -

**Coronavirus-Related Distribution**

The undersigned hereby certifies that he/she is a “qualified individual” as defined at Section 2202(a)(4)(A)(ii) of the Coronavirus Aid, Relief, and Economic Security Act (the “CARES Act”) via satisfaction of one or more of the following conditions (please check all applicable):

- I was diagnosed with COVID-19 or SARS-CoV-2 by a test approved by the Centers for Disease Control and Prevention (the “CDC”);
- My spouse and/or legal dependent(s) were diagnosed with COVID-19 or SARS-CoV-2 by a test approved by the CDC; or
- I have experienced/am experiencing adverse financial consequences as a direct result of: (1) being quarantined, (2) being furloughed, (3) being laid off, (4) having work hours reduced, (5) being unable to work due to an absence of child care, or (6) such other factors identified by the Secretary of the U.S. Treasury, due to the COVID-19 pandemic.

By my signature below I hereby certify, under penalty of perjury, that the information provided in this form is, to the best of my knowledge, information, and belief, accurate and complete. I hereby consent to the recipient sharing this information with the relevant tax information authorities where legally obligated to do so, and release the General Retirement System of the City of Detroit, its Board of Trustees, and authorized representatives from any and all liability relative to this self-certification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
SSN#

\_\_\_\_\_  
Pension#