

Group Name:

Group Number:

Effective Date:

Group Size Attestation

For Premera Blue Cross Blue Shield of Alaska to comply with state and federal regulations, it is necessary for your organization to assess your group’s eligibility and attest to its accuracy.

If your group’s average payroll count has changed from the prior year, please complete and return this form via e-mail to your designated Premera Account team. **If this form is not returned to Premera, we will deem the information included in the Underwriting assumptions to be accurate.** Please retain a copy for your records.

Please complete the following:

1. Employee count – please enter the average number of common-law employees who were employed during the previous calendar year (January–December).

This count should include full-time, part-time, seasonal, and union employees that work inside or outside the State of Alaska and employees worldwide from any affiliated company. Include business owners, corporate officers, and partners only if they are common-law employees. Contracted 1099 individuals should not be included. “Common-law employees” are defined under the Employee Retirement Income Security Act of 1974 (ERISA) and Internal Revenue Service (IRS) regulations, guidance, and case law. Consult with your legal counsel to ensure that your employees are considered common-law employees under the law.

2. The number of employees above are for calendar year (YYYY):

Note: The year cannot be the year in which the group renews. In the event you need to calculate the average prior to the end of calendar year, estimate the average number of employees you expect to have at the end of the calendar year. For example, if your group’s health plan renews in January and this information is being requested in August you will need to estimate the average employee you expect to have by the end of December.

3. Is this group affiliated with a parent company, subsidiary, or other entity?

Note: If yes, the employee count from each of the affiliated companies must be included in response to #1.

No Yes

4. Is the group’s headquarters located in the State of Alaska?

No Yes

ONLY FOR GROUPS WITH ONE EMPLOYEE ENROLLED:

Your health plan will not be completed until this form is received.

I attest that my group employs at least 1 common-law employee enrolled on the plan No Yes
in accordance with ERISA and IRS regulations, guidance, and case law.

Note: Based on applicable federal law, **sole proprietors with no common-law employees and self-employed individuals are not eligible** to purchase (or renew) small-group coverage. Sole proprietors and their spouses are not considered employees for purposes of determining if they are a small employer. However, if they have an employee other than themselves, then the sole proprietorship is eligible for group coverage.

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. Premera reserves the right to require documentation of common-law employee status and any other criteria related to group and enrollee plan eligibility.

Group Authorized Signature: _____

Printed name of above signature: _____

Title: _____

Signature Date: _____