

Group Number:
 Effective Date:
 Account Manager:

Group Size Certification

In order for Premera Blue Cross to comply with state and federal regulations, it is necessary for your organization to provide certain information for determining your group’s eligibility and attest to its accuracy prior to completing your group renewal.

Please complete this form and return it no later than 15 business days from the date of this communication via e-mail to attestation@premera.com. Please retain a copy for your records. Your group renewal cannot be completed and released until this form has been received.

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 considered to be common law employees. Contracted 1099 individuals should not be included.
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 renews January 1, 2019 but we request the information in September 2018, you will estimate the average you expect to have by the end of 2018.
3. Is this group affiliated with a parent company, subsidiary, or other entity? No Yes
* If yes, the employee count from each of the affiliated companies must be included in response to #1.
4. Is this company's headquarters located outside the State of Alaska? No Yes

Group Authorized Signature: _____

Printed name of above signature: _____

Title: _____

Signature Date: _____