

Employer name:

Group number:

Start date:

Group Size Attestation

In order for Premera Blue Cross HMO 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.

Please complete this form and return it to your producer or general agency within 15 business days for submission to Premera Blue Cross HMO and retain a copy for your records. **If this form is not returned to Premera HMO, we will deem the information included in your renewal package quote assumptions, including employee count, to be accurate and unchanged from the previous plan year.**

Please complete the following:

1. The average number of common law employees who were employed during the previous calendar year (January to December) is:

Note: This count should include all full-time, part-time, seasonal, and union employees who work either inside or outside the state of Washington and employees worldwide from any affiliated company. Include business owners, corporate officers, and partners only if they are common-law employees. The Employee Retirement Income Security Act of 1974 (ERISA) and Internal Revenue Service (IRS) regulations, guidance, and case law defines common law employees. Consult with your legal counsel to ensure your employees are common-law employees under the law. Contracted 1099 individuals should not be included.

2. The number of employees above are for the 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 the 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 and we request the information in September, you will estimate the average you expect to have by the end of the year.

3. My group is affiliated with a parent company, subsidiary, or other entity. No Yes

Note: If yes, the employee count from each of the affiliated companies must be included in the response to question number one above.

4. My group's headquarters is located in the state of Washington. No Yes

ONLY FOR GROUPS WITH LESS THAN THREE SUBSCRIBERS:

Your renewal *will not* be completed until this form and all required tax documentation are received.

I attest that my group employs at least one common-law employee enrolled on the plan in accordance with ERISA and IRS regulations, guidance, and case law. **I have provided a copy of the most recent IRS form W-2 for the eligible employee who is enrolling.** No Yes

Note: A small group employer is an employer who employed an average of at least one but not more than 50 common-law employees during the preceding calendar year and who employs at least one common-law employee on the first day of the current plan year.

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

Group authorized signature:

(No producer, broker, or agent signatures)

Group authorized name:

(Print name of above signature)

Title:

Signature date: