

Employer Name: Employer Name

Group Number: Number

Mailing Address: Address

Effective Date: Date

City, State, ZIP

Account Manager: Name

### Small Group Group Size Certification (1–50)

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 for effective dates beginning in 2017.

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

\* Employee count should include: all full-time, part-time employees, seasonal employees, union employees, employees from any affiliated companies, partners, business owners, corporate officers, and employees who work outside the State of Washington. Your employee count should NOT include contracted 1099 individuals. If you were not in business during the previous year, please base your average number of employees on the current calendar year.

Please complete the following:

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|--|---|
| 1. Employee count – please enter the average number of 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 Washington and employees worldwide from any affiliated company. Also included are business owners, corporate officers, and partners if they are also employees. | Employee<br>Count   |
| 2. The number of employees above are for calendar year (YYYY):<br><b>Note:</b> The year cannot be the year in which the group renews.  | Year (YYYY)   |
| 3. Is this group affiliated with a parent company, subsidiary, or other entity?<br>* If yes, the employee count from each of the affiliated companies must be included in response to #1.  | No <input type="checkbox"/> Yes* <input type="checkbox"/> |
| 4. Is this company located outside the State of Washington?  | No <input type="checkbox"/> Yes <input type="checkbox"/>  |

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Group Authorized Signature:

(No producer, broker, or agent signatures)

Group Authorized Name: Group Authorized Name

(Print name of above signature)

Title: Title

Signature Date: Date

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