



BLUE CROSS

Employer Name: Employer Name

Group Number: Number

Mailing Address: Address

Effective Date: Date

City, State, ZIP

Small Group - Group of One Attestation (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.

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 for submission to Premera Blue Cross. Please retain a copy for your records. Your new group or renewal cannot be completed until this form has been received.

The Washington Office of Insurance Commissioner (OIC) issued a notice clarifying the small-group size provisions in current Washington law, regarding who can purchase a small-group plan. Contrary to the existing definition in Washington state law, and 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 in 2016.

“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.

Please attest to the following:

- 1. I attest that the small group meets the small group definition: No Yes
A small group employer is an employer who employed an average of at least 1 but not more than 50 common-law employees during the preceding calendar year and who employs at least 1 common-law employee on the first day of the current plan year.

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

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:

(No producer, broker, or agent signatures)

Group Authorized Name:

(Print name of above signature)

Title:

Signature Date: