



Common Ownership Attestation

Please complete, sign and submit the Common Ownership Certification. This form must be filled out and returned even if you do not have multiple companies. Please list all employer groups that qualify under 26 USC Section 414(b) (c) (m) or (o) of the Internal Revenue Code.

Name of Employer Group: _____

Business Owner: _____

Primary Business Location: _____

Name of Business Entity	Employer Federal Tax ID Number (FEIN)	% Ownership	# of Full-Time Equivalent (FTE) Employees
1.			
2.			
3.			
4.			
5.			
6.			

- **A full-time employee** is an employee who is employed on average, per month, at least 30 hours of service per week, or at least 130 hours of service in a calendar month.
- **A full-time equivalent employee** is a combination of employees, each of whom individually is not a full-time employee, but who, in combination, are equivalent to a full-time employee.
- **An aggregated group** is commonly owned or otherwise related or affiliated employers, which must combine their employees to determine their workforce size.

I certify that the group named above is a single employer under section 414 of the Internal Revenue Code of 1986 (26 U.S.C. Section 414 (b), (c), (m), or (o)), and under any applicable state law. I further certify that there are no other affiliated entities other than the ones listed above who are eligible to file a combined state tax return. I represent that, to the best of my knowledge, the information I have provided is accurate and truthful. I understand that any misrepresentation or fraudulent statement may result in rescission of the group policy, termination of coverage, an increase in premiums retroactive to the policy date, or other consequences as permitted by law.

Signature	Date		
Relationship to company <i>(please check one of the following)</i> :			
<input type="checkbox"/> Owner	<input type="checkbox"/> HR Rep	<input type="checkbox"/> Accountant for Employer	<input type="checkbox"/> Attorney representing employer