

Small Group Attestation

Employer Group Name: _____ (“Group”)

As a corporate officer of the Group, I hereby attest that the Group is a “small employer” and meets the eligibility requirements for small group market coverage in accordance with state and federal law.

“Small employer” means an employer who employed an average of at least one (1) but not more than 50 employees on business days during the preceding calendar year and who employs at least 1 employee on the first day of the plan year. Sole proprietors, defined as businesses that consist only of an owner or an owner and his/her spouse, are not considered small employers and are not eligible to purchase coverage in the small group market. In determining the number of total employees, all entities treated as a single employer under the IRS controlled group rules (Internal Revenue Code §§ 414(b), (c), (m), or (o)) shall be considered a single employer for purpose of market size.

The definition of an “employee” is any individual employed by an employer. This includes part-time employees (those working fewer than 30 hours per week) and seasonal employees, regardless of the number of hours worked. The term “employee” does not include a self-employed individual, a sole proprietor, a partner in a partnership (unless bona fide), or an independent contractor.

I certify that the Group employed at least one (1) but not more than 50 employees on business days during the preceding calendar year and will employ at least one (1) employee on the first day of the plan year.

I acknowledge in my capacity as a corporate officer of the Group that if the Group commits fraud or intentionally misrepresents material facts related to its eligibility for small group market coverage, Blue Cross & Blue Shield of Rhode Island reserves the right to terminate coverage, retroactive to the plan’s effective date.

Signature

Date

Title