

Common Ownership Certification



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.**

If the space provided is not adequate for your response, please use additional paper and attach to this form.

COMMON OWNERSHIP CERTIFICATION

All persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 of the Internal Revenue Code of 1986 shall be treated as one employer.

Please list all companies that would qualify as one employer under the above referenced sections of the Internal Revenue Code.

Customer / Group Number: _____

Name of Group(s) on Policy: _____

Primary Business Location: _____

Please provide the most current tax documentation for group(s) on Policy and reconcile with the coding provided on the Employer Information Form.

	<u>Business Name</u>	<u>Federal Tax ID #</u>	<u># of Eligible Employees</u>	<u>Check if on Policy</u>
1.	_____	_____	_____	<input type="checkbox"/>
2.	_____	_____	_____	<input type="checkbox"/>
3.	_____	_____	_____	<input type="checkbox"/>
4.	_____	_____	_____	<input type="checkbox"/>
5.	_____	_____	_____	<input type="checkbox"/>
6.	_____	_____	_____	<input type="checkbox"/>
7.	_____	_____	_____	<input type="checkbox"/>
8.	_____	_____	_____	<input type="checkbox"/>
9.	_____	_____	_____	<input type="checkbox"/>
10.	_____	_____	_____	<input type="checkbox"/>

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.

Name (please print) & Title:

Signature:

Date: