Blue Shield of California Eligibility/Participation Attestation (for groups with 5+ enrolling employees)

Has your group been in business more than six weeks (not a startup?) ☐ **Yes** – If yes, proceed below. ☐ **No** – If no, you are not eligible to submit this Attestation.

Does your business employ both union and nonunion employees? ☐ **Yes** – If yes, you are not eligible to submit this Attestation and must submit the appropriate Quarterly Wage Report (DE9C). ☐ **No** – If no, proceed below.

Is your business terminating an arrangement with a Professional Employer Organization (PEO) and you have hired the formerly leased employees? ☐ **Yes** – If yes, you are not eligible to submit this Attestation. ☐ **No** – If no, proceed below.

Has your group employed at least one but no more than 100 employees, the majority of whom were employed in the state of California, on at least 50% of its working days during the preceding calendar quarter or calendar year? ☐ **Yes** – If yes, proceed below. ☐ **No** – If no, please explain.

Do you offer health plan coverage to 100% of your eligible employees? ☐ **Yes** – If yes, proceed below. ☐ **No** – If no, please explain.

(Note: an eligible employee must work on a full-time basis in the conduct of the business of the employer, whose normal work week is an average of 30 hours, and whose duties in such employment are performed at the employer's regular places of business (subject to withholding on a W-2 form); ***or***

- *Be a sole proprietor, corporate officer, or partner of a partnership engaged on a full-time basis, an average of 30 hours per week, in the employer's regular places of business;*
- *Work at least 20 hours, but no more than 29 hours, per week, in the employer's business on a permanent, year-round basis and meet the individual employee criteria for an eligible part-time employee.*
- *Receive monetary compensation (W2 employee) for that work by the employer;*
- *Be a bona fide employee of the employer (a bona fide employee/employer relationship must exist);*
- *Have met any applicable employer-imposed eligibility waiting period.*

Group name:

Group address:

Requested effective date:

Number of eligible employees:

Number of employees enrolling in medical with Blue Shield:

Number of employees enrolling with other carrier (offered by this group):

Number of employees with valid waivers (group-sponsored health coverage through another employer, spousal group coverage, government-sponsored health coverage, or individual health insurance coverage):

Number of employees with invalid waivers (any reason other than those listed in the "valid waivers" above):

Are all enrolling employees listed on the prior carrier bill? ☐ **Yes** – If yes, proceed below.
☐ **No** – If no, please explain.

Important information

Groups with 5+ enrolling employees must submit the most recent group medical bill and the enrolling employees must be listed on that bill. Blue Shield of California reserves the right to request the applicant's payroll/wage and/or the group's wage and tax information at any time to validate eligibility.

Signature

By signing this form, I hereby certify, as a condition of eligibility, that the group is in compliance with the minimum participation requirements as expressed in the group policy and that all enrolling employees meet the definition of an eligible employee as defined in the Small Group Act. Blue Shield of California reserves the right to request and review documentation confirming compliance. I represent that 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 (group or individual), or other consequences as permitted by law.

Group authorized signature	Title	Date

Blue Shield of California is an independent member of the Blue Shield Association
A49675 (9/18)