

## Attestation Form

### Section 1: Company information

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Company name

Group number

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### Section 2: Attestation Form

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Please return this form within 10 days of receipt to your Anthem Account Manager/Sales Executive.

Indicate how many full-time employees, including full-time equivalents (FTEs), you currently employ:

Please check all boxes that apply.

- My company meets the definition of a “small employer” as set forth in the California Health & Safety Code or the California Insurance Code, as applicable.
- My company meets the definition of a “large employer” as set forth in the California Health & Safety Code or the California Insurance Code, as applicable.

I certify the above information is true and complete to the best of my knowledge and belief. Anthem Blue Cross reserves the right to request additional documentation in order to verify eligibility. In addition, I acknowledge that Anthem Blue Cross advises me to seek guidance from an attorney or other advisor if I have any questions about the definitions of “small employer” or “large employer.”

By providing your “handwritten or electronic” signature below, you acknowledge that such signature is valid and binding.

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Name (please print)

Title (please print)

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Signature

Date (MMDDYYYY)

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**Thank you for taking the time to complete this form. Please email the completed form to [your Anthem Account Manager / Sales Executive](#)**