

Group Size Attestation

A. COMPANY INFORMATION

Company Name

Federal Tax ID#

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Office Phone # (XXX) XXX-XXXX

Ext.

E-mail Address

B. GROUP SIZE ATTESTATION

Refer to <https://www.healthcare.gov/shop-calculators-fte/>, or any ACA approved FTE calculator or your legal counsel for assistance in determining your group size.

For additional information, please refer to [healthcare.gov](https://www.healthcare.gov), California Health and Safety Code § 1357.500(k), your CPA or your legal counsel.

I attest that my company meets the definition of "small employer" as defined by applicable federal and state law. In the preceding calendar quarter or preceding calendar year, we employed _____ ACA Full-time equivalent employees.

C. SIGNATURE

By signing this form, I acknowledge that this attestation may be subject to verification and agree to provide CaliforniaChoice® with any information necessary to do so. I affirm that I have authority to contract with CaliforniaChoice.

Authorized Group Contact (please print)

Title (please print)

Signature

Date (MM/DD/YYYY)