

**Group Size
Attestation****A. COMPANY INFORMATION**

Company Name		Federal Tax ID #	
Office Phone # (xxx) xxx - xxxx ()	Ext.	E-mail Address	

B. GROUP SIZE ATTESTATION

For assistance in determining your group size and completing this form, please visit our **ACA Calculators** at www.calchoice.com, **ACA Calculators, ACA Full-Time Equivalent**. For additional information, please refer to healthcare.gov AB 1083, SB 125, 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 previous 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 Company Signer Name (please print)

Title (please print)

Signature

X

Date

MM DD YYYY
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