Participation & Floor Certification

[Groups with 10+ Eligible Employees]

UnitedHealthcare®

General Information		
Group's Legal Name		
Full Address (Street, City, State, Zip)		
Requested Effective Date		
Floor Calculation (AL, AR, AZ, DC, GA, IA, ID, IL, IN, KS, KY, LA, MO, MS, NC, NM, ND, OH, PA, SC, SD, TN, UT, VT)		
1	Number of employees enrolling in UnitedHealthcare group medical policy	
2	Number of eligible (full time) employees	
3	Divide line 1 by line 2. This is your **floor participation percentage.**	%
Participation Calculation (AK, CA, CO, CT, DE, FL, HI, MA, MD, ME, MI, MN, MT, NE, NH, NJ, NV, NY, OK, OR, RI, SC, TX, VA, VI, WA, WV, WI, WY)		
1	Number of eligible (full time) employees	
2	Number of eligible (full time) employees with a valid waiver reason	
3	Subtract line 2 from line 1. This is your **total eligible count.**	
4	Number of employees enrolling in UnitedHealthcare group medical policy	
5	Divide line 4 by line 3. This is your **participation percentage.**	%

Important Information

UnitedHealthcare reserves the right to review the applicant's payroll/wage & tax records at any time to confirm eligibility. UnitedHealthcare may request the applicant's most recent wage & tax payroll records. The applicant agrees to furnish UnitedHealthcare with all information and documentation which may be reasonably required with regard to eligibility for coverage.

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. UnitedHealthcare reserves the right to request and review payroll or other documentation confirming compliance. I represent that the information I have provided is accurate and truthful. I understand that any intentional misrepresentation of material fact or fraudulent statement may result in rescission of the group policy, termination of coverage, increase in premiums retroactive to the policy date, or other consequences as permitted by law.

Group Authorized Signature	Title	Date