



Employer Attestation

TO: MediExcel Health Plan (Attention Installation)

SUBJECT: Attestation to Certify that Employee with Mailing Address Outside of Service Area has Employer Worksite Location in San Diego County or Imperial County

Section I – Attestation Conditions

1. I am an authorized representative of the employer group soliciting health coverage from MediExcel Health Plan.
2. I am aware that the Group Subscriber Agreement (Employer Contract) specifies that eligible subscribers (employee enrollees) must have a primary worksite location in San Diego County or Imperial County.
3. I am aware that MediExcel Health Plan is not authorized by California law [Section 1351.2 (a) (2) of the California Knox-Keene Act] to enroll employees with employer worksite locations outside of San Diego County or Imperial County.
3. I attest that the individual listed in Section II below is a fulltime employee and has his/her primary employer worksite location in San Diego County or Imperial County.
4. I understand that if the below individual changes employer worksite location outside of San Diego County or Imperial County, the below individual will no longer be eligible for coverage under MediExcel Health Plan and must terminate such coverage.

Section II – Employee’s Name and Mailing Address

Name of Employee: _____

Employee’s Mailing Address: _____

Section III – Attestation of Authorized Company Official

Employer’s Name: _____

Physical Address of Employer’s Worksite Location for Employee in Section II:

Name of Authorized Employer Official: _____

Title of Authorized Employer Official: _____

Signature of Authorized Employer Official: _____

Date: _____

Section IV – Broker Acknowledgement

Signature of Broker Representative

Name of Broker

Date