Large Employer Group Attestation

Instructions for Completing this Attestation

According to Affordable Care Act (ACA) guidelines, the definition of a Large Group is one that has more than 100 Full-time Equivalent (FTE) employees.

This certification is required by MVP Health Care for all groups that meet the definition of a large group in the following scenarios:

- New Group: A Group Size Attestation is required for all New Groups at the time a proposal is requested.
- Renewing Group: All Renewing MVP groups that qualify as large groups under the Affordable Care Act (more than 100 FTEs) are exempt from completing the attestation. A group census is thoroughly reviewed by the MVP Underwriting team before renewal, at which time MVP reserves the right to request an attestation form for renewals upon review.

This form does not constitute legal or financial advice.

Section 1: Group Information

(Please print)

Group Name

Group No.

Group Renewal Date

All Tax Identification No(s). (TIN) Associated with Group

Employer Health Benefits Administrator Email

Section 2: Separate Entities with Multiple Tax ID Numbers

Group size for groups under common ownership is determined based upon the total Full-Time Equivalents (FTE) for all entities. To combine separate groups into one employer group for group insurance purposes, the commonly owned businesses or affiliates must qualify as a single employer under subsection (b), (c), (m), or (o) of the Internal Revenue Service section 414.

If any of the above conditions apply, MVP may require the employer to submit documentation demonstrating common ownership under section 414.

Section 3: Employer Group Size Calculation

For purposes of determining whether the employer qualifies as a small or large group, the employer must calculate its total number of full-time employees and full-time equivalent employees in accordance with applicable federal and state law and MVP Health Care's underwriting guidelines. To assist you in calculating your group's part-time FTEs, visit **irs.gov/affordable-care-act**.

Group Name	*Group No.*

Section 4: Authorization

I hereby certify that the statements made on this Attestation are true and complete to the best of my knowledge and belief.

The Group acknowledges that MVP Health Care will rely on the information provided by the group, and that MVP Health Care at all times retains the right to require additional information regardless of group size. Failure to provide additional information may lead to termination of group coverage.

Unless otherwise prohibited by law, I consent to the receipt of electronic communications related to my MVP health plan at the email address I provided. I have read and agree to the details outlined in MVP's Electronic Disclosure, which is available at **mvphealthcare.com/privacy-notices** or by calling MVP at **1-800-TALK-MVP** (1-800-825-5687).

I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

The undersigned certifies that he or she is duly authorized to act on behalf of the employer identified on this form, as applicable, and has authority to sign, submit, and make the certifications contained in this form on that party's behalf. The undersigned further certifies that the information contained herein is true, accurate, and complete to the best of his or her knowledge and belief and acknowledges that the recipient may rely on this attestation for all purposes related to processing this form. If requested, the undersigned agree to provide documentation reasonably satisfactory to confirm such authority.

I have read and agree to this authorization.

Authorized Signature *Title* *Date*

Basis of Authority (e.g., broker representation, delegated authority, etc.)