

SMALL BUSINESS GROUP PREVIOUS HEALTH BENEFIT COVERAGE AFFIDAVIT



This form must be completed and signed to process your application for either Business Group of One or 2-50 Employees plan coverage.

EMPLOYER...

Have you sponsored a health benefit plan for your employees during the past 12 months?

YES NO

If "yes" to the previous question, was the health benefit plan sponsored by an employee leasing company that was subject to small group laws?

YES NO

If you are applying as a Business Group of One, have you previously qualified as a Business Group of One?

YES NO

Are you a small employer who had purchased health benefit coverage from a small employer carrier and who discontinued health coverage as a small employer **prior to January 1, 2004**?

YES NO

Are you a small employer group whose small group insurance has been discontinued because of nonpayment of premiums or fraud?

YES NO

Note: If you indicated that you have sponsored a health benefit plan at any time during the past 12 months, please attach a copy of your most recent bill.

I, _____ (please print) attest that the answers to the questions contained in this form are true and correct. I acknowledge that failure to report such previous group coverage may result in the application of a premium adjustment for health status of up to 35 percent above the modified community rate for small employer carrier.

Signature of applicant: _____ Date: _____

Name of business: _____