



Small Business
5901 Lincoln Drive
Edina, MN 55436
Mail Route: MN012-NL23

Common Ownership

Please have this form completed and signed by the enrolling group's Accountant, Attorney or Officer of the Company

The Health Insurance Portability and Accountability Act of 1996 states that all persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 of the Internal Revenue Code of 1986 shall be treated as one employer.

Please list all companies that would qualify as one employer under the above referenced sections of the Internal Revenue Code.

Name of Group on Employer Application _____

Business Name	Employer Identification Number

I certify that the applicant is a single employer under section 414 of Internal Revenue Code of 1986 (26 U.S.C. § 414 (b), (c), (m), or (o)), and under any applicable state law.

Signature _____ Date _____

Relationship to Company (e.g. Attorney, Accountant or Officer)
