

# Attestation Form



## Section 1: Company information

Company name	Group number
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## Section 2: Attestation Form

Please return this form within 10 days of receipt to [SGUWCA@anthem.com](mailto:SGUWCA@anthem.com). Note: The information provided is to help you determine your group's size using the same calculation to determine employer liability under the "Shared Responsibility for Employer" provisions of the Affordable Care Act (ACA) and the Internal Revenue Code. Pursuant to the ACA, California has adopted the federal definition of who is an employee for purposes of determining your group's correct market segment (e.g., large group or small group).

Please review the attached guidance called "Determining Group Size." Indicate how many full-time employees, including full-time equivalents (FTEs), you employed in the preceding calendar year based on available information:

Please indicate your market segment for 2018 (based on the preceding calendar year employee figures):

- My company meets the definition of a "small employer" in 2018
- My company meets the definition of a "large employer" in 2018

For 2018, a "large employer" must employ at least 101 full-time employees, including full-time equivalents, on business days during the preceding calendar year.

I certify the above information is true and complete to the best of my knowledge and belief. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company reserve the right to request additional documentation in order to verify eligibility.

By providing your "handwritten or electronic" signature below, you acknowledge that such signature is valid and binding.

Name (please print)	Title (please print)
Signature <b>X</b>	Date (MM/DD/YYYY)

**Thank you for taking the time to complete this form. Please email the completed form to [SGUWCA@anthem.com](mailto:SGUWCA@anthem.com).**