

COMPANY INFORMATION

| | | |
|-----------------------------------|------|---------------|
| Company name | | Customer ID) |
| Office phone () - | Ext. | Email |

GROUP SIZE ATTESTATION

I attest that we do not meet the definition of "small employer" as defined by applicable federal and state law. In the previous calendar year, we employed:

_____ full-time employees
_____ full-time equivalent employees
_____ eligible employees

Please refer to healthcare.gov, AB 1083, or your legal counsel for information on calculating the number of full-time, full-time equivalent, and eligible employees.

SIGNATURE

By signing this form, I acknowledge that this attestation may be subject to verification and agree to provide Kaiser Permanente with any information necessary to do so. I affirm that I have authority to contract with Kaiser Foundation Health Plan, Inc. and Kaiser Permanente Insurance Co.

| | |
|---|----------------------|
| Authorized Company Signer Name (please print) | Title (please print) |
| Signature X | Date |