



Employer Group Size Attestation

Date: _____

Employer Group: _____

Contract Year: _____

I, _____, attest that the employer group size for _____ is _____, as defined by Health and Safety Code Section 1357.500(k). The employer group size shall continue to apply until the plan contract anniversary following the date the employer no longer meets the definition.

_____ is required to notify Sharp Health Plan within 30 days of the change to group size, as defined by Health and Safety Code Section 1357.500(k).

Print Name and Title

Date

Authorized Employee Signature (must be an officer or head of Human Resources)