



Return to:  
 Fax: 1 (855) 240-6501  
 Email: FAXAsurisAnnualCertification@asuris.com

Group Name	Renewal Date
Group ID	Account Executive

### Annual Certification

In order for Asuris Northwest Health to issue coverage for a health plan to a small employer group, it is necessary for us to request information so that we can comply with state and federal insurance regulations to determine your group's eligibility. We are unable to renew your group's healthcare insurance coverage without this information. **Please complete and return this form within 14 days via FAX: 1 (855) 240-6501 or EMAIL: FAXAsurisAnnualCertification@asuris.com. Please retain a copy for your records.**

**Please complete the following (do not use this form to make any changes to your current policy):**

**1. Qualification for Group Plan** – If you own a business and are applying for or renewing group health insurance, you must have at least one employee enrolled, even if you are also enrolled. This employee may not be your spouse (whether or not also an owner of the business), a partner in a partnership, or a partner's spouse. However, a bona fide partner as defined by law (45 CFR § 146.145(c)(2)) is regarded as an employee for this purpose.

<b>Will you have at least one employee enrolled as of the effective date of coverage?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
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**2. Employee Count** – Group size is determined by the average count of the total number of employees who were on your group's payroll and those individuals that were employed by an affiliated company during the preceding completed calendar year. Groups that were not in business during the preceding calendar year would base their group size on the current calendar year. (The term "employee" means any individual employed by an employer. Contracted 1099 individuals are not included.)

This count should include full-time, part-time, seasonal, and union employees that work inside or outside the state of Washington and employees worldwide from any affiliated company. Remember to include business owners, corporate officers, and partners if they are also employees. Your Employee Count should not include contracted 1099 individuals.

<b>a. Please enter the average number of employees that were employed during the preceding completed calendar year (January – December).</b>	<b>Average number of employees</b>
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<b>b. This number represents January - December of:</b> <b>Note:</b> Report the year <b>preceding the current calendar year</b> (i.e., last year). Groups not in business throughout last year may estimate for the current year.	<b>Year (yyyy)</b>
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**3. Affiliation** – If yes, the employee count of your affiliated company must be included in question #2.

<b>Is your company a subsidiary or affiliate of any other company?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
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**4. Headquarters**

<b>Is your company headquartered <u>outside</u> of the state of Washington?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
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Group Authorized Representative Signature (No producer [agent] signatures)	Signature Date	Official Title
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Group Authorized Representative Name (Print name)	Email Address
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