



## LETTER OF CERTIFICATION

This form must be completed by a licensed attorney or a Certified Public Accountant (CPA) who is not related to either a) a principal or senior executive of the group or b) any employee of the group.

I am submitting this letter of Certification to Group Health Incorporated (GHI) on behalf of the group shown below. I understand that GHI will use the information provided in this certification, as well as in any supporting documentation, as part of the group's application for insurance to determine eligibility and/or to make underwriting decisions.

Please check or respond where appropriate (type or print)

**I am a duly licensed (check one):**

- A Certified Public Accountant (CPA),** or  **An Attorney**

**Section I. Please provide your name and your firm's name, address, telephone number, and state of licensure.**

Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Firm Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
State of Licensure: \_\_\_\_\_

**Section II. Please provide the following information on the group.**

This letter of certification is provided on behalf of the following business entity:

Group's Name: \_\_\_\_\_  
Group's Address: \_\_\_\_\_  
Group's Telephone Number: \_\_\_\_\_ Group's TIN: \_\_\_\_\_

This group's principal place of business is New York. This business is a (check one box only):

- Sole Proprietorship, and the proprietor works a minimum of 20 hours per week.  
 Partnership  
 Corporation  
 Limited Liability Company (LLC)  
 Trust  
 Other Type of Business Entity (explain) \_\_\_\_\_  
(Please attach copies of supporting documentation)

**Section III. Check one or both boxes below:**

- The following new employee \_\_\_\_\_ is a bona fide employee who began working for this company on \_\_\_\_\_, works fulltime (20 hours or more per week), and will be shown on payroll tax documents, which can be reviewed by GHI on or after \_\_\_\_\_.
- This group is a new business, which started on \_\_\_\_\_. The firm's tax year ends on \_\_\_\_\_. The group will be filing tax documents on or about \_\_\_\_\_, which can be reviewed at a future date.

I hereby certify that the information I have stated above is true based on my review of books, records or other written documentation provided to me by the group and that the materials I have attached to this letter, if applicable, in support of this certification are copies of the true and accurate records of the group. I hereby make this certification to induce GHI to offer health insurance coverage to the group based upon the information contained in my certification. I understand that GHI will retain this letter and any attached materials without regard to the acceptance or non-acceptance of the group's application for coverage.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

2/03