

Group Size Attestation



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Send it by secure fax to: 916.568.1338
Questions? 916.563.3198 | 888.499.3198 toll-free

GROUP INFORMATION

GROUP NAME _____

WHA GROUP ID# _____

Email Address _____

Phone _____

GROUP SIZE ATTESTATION

Employee counts must be determined by the employer consistent with California Health & Safety Code section 1357.500 et seq., 45 CFR 155.20, and all other applicable statutes and regulations.

Large Group

I attest that the above-named group **does not** meet the definition of "small employer" under applicable law.

In the previous calendar year, we employed:

_____ full-time equivalent employees

_____ eligible employees

Small Group

I attest that the above-named group **does** meet the definition of "small employer" under applicable law.

In the previous calendar year, we employed:

_____ full-time equivalent employees

_____ eligible employees

By signing this form, I attest that the above is true and correct, and that the counts listed above were calculated consistent with applicable law.

Authorized Group Signer Name (please print) _____

Title (please print) _____

Signature _____ Date _____