

# ATTESTATION FORM

## Group Size Certification

### Group Size Attestation

The employer must determine employee counts consistent with California Health & Safety Code section 1357.500 et seq., 45 CR 155.20, and all other applicable statutes and regulations.

#### Mail your completed form to:

Sutter Health Plus  
P.O. Box 160307  
Sacramento, CA 95816

#### Email completed form to:

shpaccounts@services@sutterhealth.org

### Section 1 – Employer Information

|  |          |                  |                |       |     |
|--|----------|------------------|----------------|-------|-----|
| Legal Company Name                       |          | DBA              |                |       |     |
| Federal Employer ID Number               | SIC Code | SHP Group Number | Effective Date |       |     |
| Street Address (P.O. Boxes Not Accepted) |          | City             | County         | State | ZIP |

### Section 2 – Group Attestation

- Small Group**  
1-100 full-time and full-time equivalent (FTE) eligible employees

I attest that the above-named group meets the definition of small employer under applicable law.

In the previous calendar year, we employed:

\_\_\_\_\_ full-time and FTE employees

\_\_\_\_\_ eligible employees

- Large Group**  
101+ full-time and full-time equivalent (FTE) eligible employees

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 and FTE employees

\_\_\_\_\_ eligible employees

My company qualifies under the following COBRA program:  Cal-COBRA  COBRA

### Section 4 – Employer Agreement

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

Signature

Date

Authorized Group Signer Name and Title