

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

<input type="checkbox"/> 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	<input type="checkbox"/> 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
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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