



New Business Small Group Eligibility Attestation Form

For groups with 2 or more eligible,
with a minimum of 1 enrolled

Group Information		
Group Name	Effective Date	Producer Name

By signing this form, you, as a duly authorized representative of the group named above, attest to the following:

- Group is headquartered in Maine;
- Group employs no more than 50 employees who are eligible for your group health plan*;
- Group is enrolling at least 70%;
- Each employee being enrolled on the group health plan works the minimum number of hours (as established by the group) on a regular basis;
- At least one of the employees enrolling in the group health plan works at least 30 hours per week on a regular basis; and
- Each employee being enrolled appears on the group's MEU/C1 form, which will demonstrate that each employee works the group's minimum hours.

*Groups with 30 or more enrolling must also complete a [Group Verification Form](#).

I certify the above information is true and complete to the best of my knowledge, information, and belief. I understand Community Health Options reserves the right to request additional documentation in order to verify eligibility. Further, Community Health Options reserves the right to audit member eligibility at any time and to cancel the group if it is determined that eligibility has not been met or maintained. Per ACA regulations, sole proprietorships are not allowed to apply for coverage in the Small Group Market unless defined as a C Corporation.

Signature	
Customer/Decision Maker's Name	Title
Customer Signature	Date