New Business Certification Statement

Company Name: _____

Start of Business (mm/yy): _____

I hereby certify that the above named company is actively engaged in business and if the above named company is located in Connecticut or Massachusetts, that it has been engaged in business for at least (3) consecutive months, and that in accordance with applicable state laws and regulations, is a legitimate small employer.

A copy of the State Employee Quarterly Earnings Report, Schedule C (for one-life groups in Connecticut or Massachusetts only), or other applicable tax documentation must be sent to ConnectiCare as soon as it has been filed.

If applicable, this form must be submitted with a copy of one of the following:

(1) Sales & Use Tax Permit (2) Federal EIN (tax identification) notification letter.

The following employees are regularly employed on a full-time basis working at least 30-hours-per-week, (20-hours-per-week for New York employers.) I understand our obligation to notify ConnectiCare of any changes.

Employee Name	**Date of Hire**	**Employee Name**	**Date of Hire**

I hereby represent and certify that all answers and statements in this New business Certification Statement are full, complete and true, and understand that the said answers and statement form the basis upon which insurance will be made effective.

_____ _____

Signature of Owner, Partner or Officer Date

_____ _____

Notary Public Date

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Coverage is provided by and services are administered as follows: In Connecticut: Group HMO and POS coverage, and Individual HMO is underwritten by ConnectiCare, Inc. In Massachusetts: Group HMO and POS is underwritten by ConnectiCare of Massachusetts, Inc. In New York: HMO and POS is underwritten by ConnectiCare of New York, Inc. PPO coverage, ASO/Self-funded services, and Dental products are administered or underwritten by ConnectiCare Insurance Company, Inc. Voluntary products are distributed by Producer Partners, Inc., and coverage is underwritten by Boston Mutual Insurance Company.