



Capital BlueCross is an Independent Licensee of the BlueCross BlueShield Association

## Certification of Group Eligibility to Combine

As the Policymaker for \_\_\_\_\_(Group Name), I hereby state that for purposes of applying for health insurance coverage and compliance with federal health care laws, the employer group stated above consists of a single business entity or multiple entities that are a controlled group of plans.

Evidence of aggregation from your corporate tax documents must be submitted with this form. See the employer aggregation rules, at IRC Section 414, to determine if you are part of a controlled group of plans.

List entities (name and EIN) applying for combined coverage:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge and understand that any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning and fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I understand that Capital BlueCross will rely on this Certification in connection with determining which medical products the group is eligible for and for compliance with federal laws, including the Patient Protection and Affordable Care Act. The group hereby agrees to indemnify Capital BlueCross for any claims, damages, fines, or penalties which it may incur as a result of its reliance on this Certification.

\_\_\_\_\_  
Policymaker Printed Name

\_\_\_\_\_  
Policymaker Printed Title

\_\_\_\_\_  
Policymaker Signature

\_\_\_\_\_  
Date