

# LETTER OF CERTIFICATION

This form must be completed by a licensed attorney or a Certified Public Accountant (CPA) who is not related to either a) a principal or senior executive of the group or b) any employee of the group.

I am submitting this letter of certification to Group Health Incorporated (GHI) on behalf of the group shown below. I understand that GHI will use the information provided in this certification, as well as in any supporting documentation, as part of the group's application for insurance to determine eligibility and/or to make underwriting decisions.

**I am a duly licensed (check one):**

- Attorney
- Certified Public Account (CPA)

**Section I. Please provide your name and your firm's name, address, telephone number, and state of licensure.**

Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Firm Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
State of Licensure: \_\_\_\_\_

**Section II. Please provide the following information on the group.**

This letter of certification is provided on behalf of the following business entity:

Group's Name: \_\_\_\_\_  
Group's Address: \_\_\_\_\_  
Group's Telephone Number: \_\_\_\_\_ Group's TIN: \_\_\_\_\_

**This group's principal place of business is New York. This business is a (check one box only):**

- Sole Proprietorship, and the proprietor works a minimum of 20 hours per week
  - Partnership
  - Corporation
  - Limited Liability Company (LLC)
  - Trust (attach supporting documentation)
  - Other type of business entity (explain and attach copies of supporting documentation)
- \_\_\_\_\_

**Section III. Check one or both boxes below:**

- The following new employee \_\_\_\_\_ is a bona fide employee who began working for this company on \_\_\_\_\_, works full-time (20 hours or more per week), and will be shown on payroll tax documents, which can be reviewed by GHI on or after \_\_\_\_\_.
- This group is a new business, which started on \_\_\_\_\_. The firm's tax year ends on \_\_\_\_\_. The group will be filing tax documents on or about \_\_\_\_\_, which can be reviewed at a future date.

**I hereby certify that the information stated above is true based upon my review of the books, records, or other written documentation provided to me by the group. I further certify that**

**the documentation I have attached to this letter in support of this certification are true and are accurate copies of the group's records. This certification forms part of the group's application for insurance. New York State insurance law provides that any person who knowingly and with the 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 any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

Signature of person completing form: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_