



SMALL EMPLOYER COMMON OWNERSHIP CERTIFICATION

INSTRUCTIONS

1. This form must be completed by the accountant or attorney of a Small Employer with one to 50 employees that has affiliated companies, subsidiaries or common ownership.
2. Both the accountant/attorney and employer must sign the Certification.
3. If the space provided is not adequate for your response, use an additional sheet and attach to this form.

CERTIFICATION SECTION

Legal Name and Address of Employer: _____
Name

Street City State ZIP

Group Policy Number or Group Number: _____
(If a current customer)

Based on regulations @ N.J.A.C. 11:21 et seq., all persons treated as a single employer under subsection (b), (c), (m) or (o) of section 414 of the Internal Revenue Code of 1986 (U.S.C. §414) shall be treated as one employer.

Is the company a subsidiary of another company, an affiliate of another company, or under common control with another company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the company file state or federal taxes with another company (ies) on a combined or consolidated basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the response to any of the above questions is "YES", complete the information below.

Business Name (the primary company applying must also be included below)	Federal Tax Identification Number	Owner's name(s)	Percentage of Ownership	Number of Employees	Is group to be included	Separate or Common Filing
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Separate filing <input type="checkbox"/> Common filing
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Separate filing <input type="checkbox"/> Common filing
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Separate filing <input type="checkbox"/> Common filing

If you answered "NO" to "Is group to be included" above, please explain why:	
Is the company a branch of another company, or does your company have branch offices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is each branch office a separate legal entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is each branch office a location of one legal entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many branch offices are there?	
Are tax filings separate or as one common filing?	<input type="checkbox"/> Separate filing <input type="checkbox"/> Common filing

CERTIFICATION SECTION (continued)

Where is each branch located? (List each branch address separately)	Number of employees at each location

Accountant/Attorney Certification

I, _____, a licensed Accountant/Attorney in the State of _____, do hereby certify that I am the accountant/attorney for _____.

I am employed by: (provide name, address and telephone number of firm)

Signature of Account/Attorney

_____/_____/_____
Date

Employer Certification

I certify that the information provided to Horizon Blue Cross Blue Shield of New Jersey is true and complete. I further certify that there are no other affiliated entities other than the ones listed above who are eligible to file a combined state tax return. I understand that if the above information is not complete or is not provided to Horizon BCBSNJ, in a timely manner, then health benefits coverage does not have to be offered or continued. I further understand that incomplete or untrue information may void health benefits coverage.

Print Name of Officer, Partner or Proprietor

Signature of Officer, Partner or Proprietor

Title

_____/_____/_____
Date

Any person who includes any false or misleading information on an application or enrollment form or certification for a health benefits plan is subject to criminal and civil penalties.

Horizon Blue Cross Blue Shield of New Jersey is an independent licensee of the Blue Cross and Blue Shield Association. The Blue Cross® and Blue Shield® names and symbols are registered marks of the Blue Cross and Blue Shield Association.
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