



Common Ownership

Please have this form completed and signed by an Authorized Representative of the Company.

Legal Name of Group _____ Group # _____

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") states that all persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 of the Internal Revenue Code of 1986 shall be treated as one employer.

Please list all companies that would qualify as one employer under the above referenced sections of the Internal Revenue Code. Attach separate sheet, if additional space is needed, with information for each additional company, sign & date.

Business Name	Employer Identification Number	Total Average Number of Employees in Preceding Calendar Year	Total Number of Employees on Payroll
Legal Name of Group			
Affiliate			
Affiliate			
Affiliate			
Grand Total			

I certify that the applicant is a single employer under section 414 of Internal Revenue Code of 1986 (26 U.S.C. § 414 (b), (c), (m), or (o)), and under any applicable state law.

I understand that any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Date Signature of Group Representative Relationship to Company

Date Florida Health Care Plan, Inc. Licensed Agent Print/Type Name & Title