

GROUP SIZE AFFIDAVIT

STATE OF _____)
)ss.:
 COUNTY OF _____)

The undersigned, being duly sworn, deposes and says:

1. I am the _____ (title and/or status) for the below named Employer Group (hereinafter "Group") and, as such, I am fully familiar with the corporate structure, tax status, employment practices and purpose of the Group.
2. I have the authority in my capacity as _____ to make the following declarations on behalf of the Group:

In accordance with 45 CFR 155.20 4980H(C)(2):

Please initial the appropriate box below and enter the total number of employees and full time equivalent employees:

Initial the appropriate box below:		Total # of Employees	Total # of Full Time Equivalent (FTEs)
<input type="checkbox"/>	The Group is considered a small group. The total number of full time equivalent employees ("FTE")* is between 1 – 100.		
<input type="checkbox"/>	The Group is considered a Large Group. The total number of FTE's is 101 and over.		

3. I hereby acknowledge and agree that it is the responsibility of the Group to notify BlueCross BlueShield of Western New York if there is a change in the Group's FTE count that would change the group size.
4. I hereby acknowledge under penalty of perjury that the above declaration is a true and accurate statement.

Print Name: _____

Signature: _____

Employer Group Name: _____

Sworn to before me this _____ day of _____ 20____.

 Notary Public

*In order to ensure you are calculating FTE correctly, please refer to the IRS.gov website.