**Small Employer Attestation for Group Medical Coverage**

This Small Employer Attestation for Group Medical Coverage (“Attestation”) is made by [INSERT COMPANY NAME] (“Group”), with an address at [INSERT COMPANY ADDRESS].

Federal laws have established requirements for group medical coverage including requirements involving group medical coverage for owners and partners.

As an authorized representative of the Group, I attest:

* If the Group is not a partnership and the Group is wholly owned by one individual, the Group has at least one employee who is not the owner or a legally recognized spouse of the owner who will be enrolled in the group health plan. See 42 U.S.C. § 300gg-91 and 29 C.F.R. § 2510.3-3(b), (c) for the definition of “group health plan” for purposes of the Affordable Care Act’s small group market rules.
* If the Group is a partnership, as defined under state law, the Group has at least one employee employed by the Group who will be enrolled in the group health plan. For legal entities that are partnerships, the term “employee” includes a bona fide partner who provides services on behalf of the partnership. See 45 C.F.R. § 146.145(c) for the special rule related to partnerships.

For individuals other than partners, the term “employee” for purposes of this Attestation means a common law employee.[[1]](#footnote-1)

I, the authorized representative of the Group named herein, understand, agree and represent: I have read this Attestation and the information I provided is accurate and complete and can be substantiated by the Group’s records.

EXECUTED ON BEHALF OF GROUP BY:

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

Signature of Duly Authorized Representative

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Printed name of Duly Authorized Representative

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

Title of Duly Authorized Representative

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

Date

*Note: The Attestation must be signed, dated and received with the Employer Group Application. Humana will not issue group medical coverage unless Humana receives a completed Attestation.*

1. Stated generally, a common law employee is not an owner or a partner of the group and is paid a salary or wage at a minimum wage level or greater. See *National Mutual Insurance Company v. Darden*, 503 U.S. 318 (1992) and <https://www.dol.gov/ofccp/regs/compliance/faqs/Employer-Employee_Relationship.html> for the factors to consider in determining whether an individual is a common law employee. [↑](#footnote-ref-1)