



ATTESTATION OF SMALL GROUP SIZE

I, the undersigned, hereby acknowledge that I am applying for small group health insurance coverage and that New Mexico law requires all small groups have at least two, but not more than 50 “eligible employees.” However, because of the way in which “eligible employees” are determined under New Mexico law, there are circumstances in which a small group may only cover a single individual. Your small group has been identified as only covering a single individual. As a result, and in order to verify compliance with all applicable laws, rules and regulations, Presbyterian is requiring that you complete the following attestation to affirmatively represent that you meet one of the categories of eligibility listed below in order to retain your small group coverage. If you do not meet at least one of the categories of eligibility listed below, you will not be eligible for small group coverage with Presbyterian. You may be eligible for an individual policy or other health insurance sold by Presbyterian.

CATEGORIES OF ELIGIBILITY (Single Covered Individual)

- A. I have only one person applying for health insurance in my group, but at my discretion (as the employer), have designated an employee’s spouse or dependent as an employee. See section 59A-23C-3(N)(1).
- B. I have only one person applying for health insurance in my group but I have at least one other employee working for me. See section 59A-23C-3(N).
- C. I am an employer that was not in existence throughout the calendar year beginning prior to my coverage period, and I reasonably expect to have two or more employees (including myself) during the coverage period. See section 59A-23C-3(N)(3).
- D. I have only one person applying for health insurance in my group but during either of the preceding two years employed no less than two employees (which may have included myself) for at least fifty percent of the working days. See section 59A-23C-3(N).
- E. NONE. I do not meet any of the foregoing.

I understand that Presbyterian Health Plan, Inc. (“PHP”) or Presbyterian Insurance Company, Inc. (“PIC”) will rely on this Attestation in connection with determining which products my group is eligible for and for compliance with applicable laws, rules and regulations including the Patient Protection and Affordable Care Act and the laws of the state of New Mexico. I hereby agree to indemnify PHP and PIC for any claims, damages, fines, or penalties which it may incur as a result of its reliance on this Attestation.

Group – Printed Name

Authorized Representative – Printed Name

Authorized Representative – Signature

Date