



# Renewing Group Attestation Form

I attest that my business is not making changes to the following group criteria:

- New hire waiting period
- Hours worked per week to be eligible for coverage
- Ancillary product offering(s)
- COBRA Administration participation

I understand that if my business has changes to any of the above group criteria, we will be required to provide proof of continued eligibility. Failure to produce the required proof of continued eligibility may result in termination of group coverage. HealthPass and its partner carriers reserve the right to request documentation to ensure continued eligibility at any time.

Group Name/Group Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Please sign and return this attestation form along with your employee enrollment changes to your broker or step through your renewal online and upload it to your renewal application.**

Client Retention Department  
888-313-7277  
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