



Renewing Group Attestation Form

I attest that my business is not taking the following actions at renewal:

- Changing the number of hours worked per week to be eligible for coverage
- Enrolling in COBRA Administration
- Adding Dental Package 2 or 3 (unless switching between packages 2 and 3)
- Adding Vision Package 1 or 3 (unless switching between packages 1 and 3)

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
renewals@healthpassny.com