

Renewing Group Attestation Form

I attest that none of the following changes will be made upon renewal for:

Group Name _____ Group Number _____

- Changing the number of hours worked per week to be eligible for coverage
- Enrolling in COBRA Administration
- Adding a Dental Package and/or a Vision Package with plan offerings that require 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.

Authorized Agent or Employer Signature _____

Print Name _____ Date _____

Please complete and submit this form along with any employee plan changes no later than the 20th of the month to ensure that coverage is activated by your renewal date. Late/incomplete submissions will be subject to delays and enrollees may experience claim issues.

Client Retention Department
888-313-7277
renewals@healthpass.com