

Small Employer Exception Submittal Certification

Employer Name: _____

Employer Address: _____

Please select one:

- We certify that we **have not** had 20 or more employees on each working day in 20 or more calendar weeks in the current or preceding calendar year.
- We certify that we have had 20 or more employees on each working day in 20 or more calendar weeks in the current or preceding calendar year.

We employ _____ employees.

Employer Identification Number (EIN): _____

Employer Tax Identification Number (TIN): _____

Employer Representative Name

Signature of Employer Representative

Date

HealthPass Representative Name

Signature of HealthPass Representative

Date

Client Services

888-313-7277

clientservices@healthpass.com