

Small Employer Exception Submittal Certification

Employer Name: _____

Employer Address: _____

Please select one:

- We certify that we **have not** had 20 or more total employees (all ages) 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 total employees (all ages) 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