## New Business Certification Statement

Company Name:					
Start of Business (mm/yy):/					
I hereby certify that the above named comfor at least 3 consecutive months, and the small employer.					
A copy of the State Employee Quarterly E ConnectiCare as soon as it has been filed.		other applicable	tax docume	entation musl	t be sent to
If applicable, this form must be submitted 1 Sales & Use Tax Permit 2 Federal	ed with a copy o EIN (tax identifica		•		
Employee Name	Date of Hire	Employee Nam	e		Date of Hire
I hereby represent and certify that all a are full, complete and true, and undersinsurance will be made effective.					
Signature of Owner, Partner or Officer				_ Date	1 1
Notary Public		Date /	1		
ConnectiCare® is the brand name used for products is provided by and services are administered as follo SP/Self-funded services, and Dental coverage is uncadministered through DentaQuest LLC. CBIA Service and its affiliates for a fee. ConnectiCare, Inc. compli	ws: In Connecticut, Goderwritten and provide e Corporation provide	roup HMO & POS coved by ConnectiCare Instructions  s certain administrative	erage is unde surance Comp re services to	rwritten by Conn pany Inc., and its ConnectiCare Ins	ectiCare, Inc. FlexPOS, affiliates, with services surance Company, Inc.

national origin, age, disability, or sex. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-251-7722 (TTY: 1-800-833-8134). ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-251-7722 (TTY: 1-800-833-8134).

