

# New Business Certification Statement

Company Name: \_\_\_\_\_

Start of Business (mm/yy): \_\_\_\_\_

I hereby certify that the above named company is actively engaged in business, that it has been engaged in business for at least 3 consecutive months, and that in accordance with applicable state laws and regulations, is a legitimate small employer.

A copy of the State Employee Quarterly Earnings Report or other applicable tax documentation must be sent to ConnectiCare as soon as it has been filed.

**If applicable, this form must be submitted with a copy of one of the following:**

- 1** Sales & Use Tax Permit      **2** Federal EIN (tax identification) notification letter.

Employee Name	Date of Hire	Employee Name	Date of Hire

I hereby represent and certify that all answers and statements in this New business Certification Statement are full, complete and true, and understand that the said answers and statement form the basis upon which insurance will be made effective.

Signature of Owner, Partner or Officer \_\_\_\_\_ Date \_\_\_\_\_

Notary Public \_\_\_\_\_ Date \_\_\_\_\_

Coverage is provided by and services are administered as follows: In Connecticut: Group HMO and POS coverage, and Individual HMO coverage is underwritten by ConnectiCare, Inc.; Group coverage for coinsurance plans and Individual POS coverage is underwritten by ConnectiCare Insurance Company, Inc; coverage for plans offered on Access Health CT is underwritten by ConnectiCare Benefits, Inc. ConnectiCare, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, 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).

