

CONTROLLED GROUP FORM

To be completed by the employer or its legal representative

This form must be completed when multiple related companies exist. This form is used to determine the correct number of employers and employees for insurance purposes, in accordance with applicable law.

According to Section 414 of the Internal Revenue Code, the following companies are considered to be a single employer and should be covered together under one health insurance plan. _____

According to Section 414 of the Internal Revenue Code, the following companies are not considered to be a single employer and should not be covered together under one health insurance plan. _____

By signing below, I certify that I have conducted a thorough and diligent review of the issues and that the resulting information and conclusions provided above are complete and accurate.

Signature: _____ Printed Name: _____

Title: _____ Date: _____

Medica reserves the right to re-underwrite the rates, re-evaluate the proposal, or take other appropriate action if it learns that the information provided above is inaccurate.