

## **Common Ownership**

Please have this form **completed and signed** by an **Authorized Representative of the Company.** 

Legal Name of Group \_\_\_\_\_

An Independent Licensee of the Blue Cross and Blue Shield Association

Group # \_\_\_\_

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") states that all persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 of the Internal Revenue Code of 1986 shall be treated as one employer.

Please list **all** companies that would qualify as one employer under the above referenced sections of the Internal Revenue Code. Attach separate sheet, if additional space is needed, with information for each additional company, sign & date.

Business Name	Employer Identification Number	Total Average Number of Employees in Preceding Calendar Year	Total Number of Employees on Payroll
Legal Name of Group			
Affiliate			
Affiliate			
Affiliate			
Grand Total			

I certify that the applicant is a single employer under section 414 of Internal Revenue Code of 1986 (26 U.S.C. § 414 (b), (c), (m), or (o)), and under any applicable state law.

I understand that any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Date

Signature of Group Representative

Relationship to Company

Date

Florida Blue/Florida Blue HMO Licensed Agent

Print/Type Name & Title

Health insurance is offered by Blue Cross and Blue Shield of Florida, Inc., D/B/A Florida Blue. HMO coverage is offered by Health Options, Inc., D/B/A Florida Blue HMO, an HMO subsidiary of Florida Blue. These companies are independent licensees of the Blue Cross and Blue Shield Association.