

Employer Attestation Form

Below is a listing of former employees of _____

who I believe meet the definition of an Assistance Eligible Individual (AEI):

<u>Name</u>	<u>S.S. #</u>	<u>Last Known Home Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I also attest that I am an employer not subject to COBRA, but rather an employer subject to the rules and regulations of Wisconsin State Continuation because I employ less than 20 employees.

Employer Signature

Date