

# Common Ownership Certification



Please complete, sign and submit the Common Ownership Certification. This form must be filled out and returned even if you do not have multiple companies.

List all companies that qualify as one employer under Section 414 of the Internal Revenue Code of 1986.

**Group Name**

## Group Number

**Primary Business Location**

**Business Name** **Federal Tax ID** **% Ownership**

I certify that the group identified above is a single employer under Section 414 of the Internal Revenue Code of 1986 (26 USC Section 414b, c m, or o, and under any applicable state law. I further certify that there are no other affiliated entities other than the ones listed above who are eligible to file a combined state tax return. I certify that, to the best of my knowledge, the information provided is accurate. I understand that any misrepresentation or fraudulent statement may result in rescission of the group policy, termination of coverage, an increase in premiums retroactive to the policy date, or other consequences as permitted by law.

Name (please print) and Title	Signature	Date