



Harvard Pilgrim
HealthCare

Small Business Confirmation

(Please note: The completion of this form is only required if a WR-1 form is unavailable.)

Employer Group Name: _____

I, _____, as authorized representative of my company, attest that this organization is an eligible regulated market small business as defined by Massachusetts state regulations. I verify that my organization is “a sole proprietorship, firm, corporation, partnership or association actively engaged in business who, on at least 50% of its working days during the preceding year, employed from among one to not more than 50 eligible employees, the majority of whom worked in Massachusetts” (211 CMR 66.04).

I confirm that, for purposes of determining group size, each of my firm’s eligible employees “(a) works on a full-time basis with a normal work week of 30 or more hours, and includes an owner, a sole proprietor or a partner of a partnership; provided however, that such owner, sole proprietor or partner is included as an employee under a health care plan of an eligible small business; and provided, however, that “eligible employee” does not include an employee who works on a temporary or substitute basis; and (b) is hired to work for a period of not less than five months” (211 CMR 66.04).

I understand that Harvard Pilgrim has the right to terminate coverage, retroactive to the effective date of coverage, for any material misinformation contained in this Small Business Confirmation.

Signature: _____

Title: _____

Date: _____