

Common Ownership

Please have this form completed and signed by the enrolling Group's Accountant, Attorney, or Officer of the Company

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") (42 U.S.C. §300gg-91(e)(6)(A)), 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.

Full Legal Name of Group on Employer Application _____

	Full Legal Name of Company	State in Which Company is Incorporated	State in Which Company is Headquartered	Employer Identification Number
Full Legal Name of Parent Company				
Full Legal Name of Subsidiary/Affiliate				
Full Legal Name of Subsidiary/Affiliate				
Full Legal Name of Subsidiary/Affiliate				
Full Legal Name of Subsidiary/Affiliate				
Full Legal Name of Subsidiary/Affiliate				

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.

The Group agrees: (1) to notify BCBSAZ in writing within five (5) business days of any change to the company/business entity structure listed herein including, but not limited to, the addition or deletion of any business entities listed herein; and (2) that BCBSAZ shall have the right to rerate the group at any time including, but not limited to, renewal based on the changed business entity structure.

Signature _____

Relationship to Company (e.g. Accountant, Attorney or Officer) _____

Date _____

***Attach a current organizational chart that states each company's full name and the percent of ownership interest each company owns of each other company within the control group.**