

HEALTHPASS LETTER OF CERTIFICATION

This form must be completed by a licensed attorney or a Certified Public Accountant (CPA) who is not related to either a) a principal or senior executive of the group or b) any employee of the group.

I am submitting this letter of certification to HEALTH PASS on behalf of the group shown below. I understand that HEALTH PASS will use the information provided in this certification, as well as in any supporting documentation, as part of the group's application for insurance to determine eligibility and/or to make underwriting decisions.

I am a duly licensed (check one):

- Attorney
- Certified Public Account (CPA)

Section I. Please provide your name and your firm's name, address, telephone number, and state of licensure.

Name: _____
Firm Name: _____
Firm Address: _____
Telephone Number: _____
State of Licensure: _____

Section II. Please provide the following information on the group.

This letter of certification is provided on behalf of the following business entity:

Group's Name: _____
Group's Address: _____
Group's Telephone Number: _____ Group's TIN: _____

Section III.

I attest that _____ (First Name, Last Name) is actively working 20 hours or more per week for this company and will appear on applicable tax documents, which can be reviewed by HEALTH PASS.

The current employment status of this employee/owner is:

- Re-Hire
- Owner/Partner
- Non-Percentage Owner

I hereby certify that the information stated above is true based upon my review of the books, records, or other written documentation provided to me by the group. I further certify that the documentation I have attached to this letter in support of this certification are true and are accurate copies of the group's records. This certification forms part of the group's application for insurance. New York State insurance law provides that any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature of person completing form: _____

Title: _____

Date: _____