

Common Ownership Certification Form



Why do we need this form completed? It helps us ensure that we are issuing the correct coverage to your group under state and federal law, and cuts down on the paperwork you need to complete. Thanks for your help!

Please complete, sign and submit the Common Ownership Certification.

Renewing Groups - complete and return even if you do not have multiple companies.

Group Name (that should appear on the Group Agreement or Policy)	Employer Identification Number (EIN or FEIN)	Group number (if existing group)

Are there any commonly owned businesses that won't be covered under the group agreement or policy?

Yes No (If yes, please explain below.)

Business Name (Include the parent company above)	EIN or FEIN	# Eligible Employees	Include this Business?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

(The person signing must be an officer or the authorized representative of the parent company above)
 I certify that my business applying for coverage with Memorial Hermann Health Insurance Company and/or Memorial Hermann Health Plan, Inc. ("Company") is either: 1) eligible to file a consolidated federal tax return, or, 2) meets the IRS test for being a controlled group under common control. I further certify there are no other affiliated entities, other than the ones listed above, who are eligible to file a consolidated tax return or are part of the controlled group. I represent that, to the best of my knowledge, the information I have provided is accurate and truthful. I agree to notify Company in the event of a change in any of the information that is the subject of this certification.

I understand that any misrepresentation or fraudulent statement may result in rescission of the group agreement or policy, termination of coverage, an increase in premiums retroactive to the policy date, or other consequences as permitted by law.

Print Name and Title	Signature	Date