

# 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.*

**Name of Group on Employer Application** \_\_\_\_\_

<b>Business Name</b>	<b>Employer Identification Number</b>

*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* \_\_\_\_\_