CaliforniaChoice®
Your Health. Your Choice.®
721 South Parker, Suite 200, Orange, CA 92868
(800) 558-8003 • www.calchoice.com

Group Size Attestation

A. COMPANY INFORMATION

Company Name

Federal Tax ID#

Office Phone # (XXX) XXX-XXXX

Ext.

E-mail Address

B. GROUP SIZE ATTESTATION

For assistance in determining your group size and completing this form, please visit our **ACA Calculators** at www.calchoice.com.

To access this webpage click on ACA Calculators and then click on ACA Full Time Equivalent.

For additional information, please refer to healthcare.gov, California Health and Safety Code § 1357.500(k), your CPA or your legal counsel.

I attest that my company meets the definition of "small employer" as defined by applicable federal and state law. In the preceding calendar quarter or preceding calendar year, we employed __________ ACA Full-time equivalent employees.

C. SIGNATURE

By signing this form, I acknowledge that this attestation may be subject to verification and agree to provide CaliforniaChoice® with any information necessary to do so. I affirm that I have authority to contract with CaliforniaChoice.

Authorized Group Contact (please print)

Title (please print)

Signature

Date (MM/DD/YYYY)

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