



Common Ownership – Small Group

In order to ensure that Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, issues the appropriate insurance coverage, please complete the following for all companies applying for one policy of group coverage due to common ownership. This form should be signed by the group's accountant, officer of the company, legal counsel, or authorized representative.

The undersigned authorized representative acknowledges that the employer and affiliated companies listed below are required or permitted to be aggregated pursuant to Internal Revenue Code Section 414(b) and Section 414(c). NOTE: Small group coverage is not available to Section 414(m) affiliated service groups.

List all companies that qualify as one employer according to the above-referenced sections of the Internal Revenue Code:

BUSINESS NAME	EMPLOYER ID NUMBER

Name of Group to appear on policy _____

Employer Identification Number (EIN) _____

I certify that the entities named above are a single employer according to the above-referenced Internal Revenue Code. I represent that, to the best of my knowledge, the information I have provided is accurate and truthful. I understand that Blue Cross and Blue Shield of Oklahoma will rely on this information, and that any misrepresentation or fraudulent statements may result in rescission of the group policy, termination of coverage, an increase in premiums retroactive to the policy date, and any other consequences as permitted by law.

Name of Authorized Company Official (Print Name)

Title of Authorized Official

Signature of Authorized Company Official

Date