



**CERTIFICATION OF SMALL EMPLOYER GROUP STATUS FOR
COVERAGE WITH
HIP HEALTH PLAN OF NEW YORK**

I, _____ , _____
Print Name Title

Hereby affirm that _____
Company Name

Tax ID Number

(Hereinafter, the "Company") qualifies as a Small Employer Group as defined pursuant to New York Insurance Regulation 145 and I agree to notify HIP Health Plan of New York (hereinafter, "HIP") immediately if the Company no longer qualifies as a Small Employer Group.

I acknowledge and agree that it is a fraudulent act subject to criminal and civil penalties to knowingly and with intent to defraud file an application for insurance (including any supporting certifications) containing any materially false information, or which conceals for the purpose of misleading, information concerning any fact material thereto. I further acknowledge and agree that filing a false or misleading insurance application with HIP shall render any health insurance contract entered into with HIP null and void.

I certify that this certification is true, correct and complete.

Signature

Date