



**Common Ownership**

This form must be completed and signed by the enrolling group’s Accountant, Attorney, or an Officer of the Company

Please list all companies that are to be combined under one group policy:

**Name of group/employer (“Subscribing Group”):**

Business Name	Employer Identification Number (EIN)

Please certify that the businesses listed above:

- Are eligible to file as one employer under Section 414 of the Internal Revenue Code, and/or
- Meet the definition of a single employer under ERISA, and/or
- Are eligible to file taxes as a single employer under state law.

I certify that one or more of the above applies to the businesses listed above and that if AvMed, Inc. (doing business as AvMed Health Plans) elects to provide coverage to the Subscribing Group as a single employer, it will do so in reliance upon this certification.

Signature \_\_\_\_\_

Date:

Relationship to Company:  
(e.g. Attorney, Accountant or Officer)