

Affidavit of Group Sponsored Coverage For Common Law Employees



For a group health plan to be considered a “group health plan” under the Employee Retirement Income Security Act (ERISA) of 1974, there must be at least one common law employee enrolled in the group health plan. Pursuant to 29 CFR 2510.3-3(b), an “employee benefit plan” does not exist if no “employees” are covered by the plan. The owner(s) of a business or a spouse of the business owner are not considered “employees.”

Instructions for Completing this Certification

Return this complete Affidavit to your MVP Account Executive.

Section 1: Common Law Employee Information

Common Law Employee Name

MVP Group No.

Section 2: Carrier Information

Name of Carrier Providing Coverage for Common Law Employee

Group Policy No.

Coverage Effective Date

Section 3: Authorization

By signing this document, I attest that the Group has made MVP Health Care® coverage available to all common law employees and that at least one common law employee is currently enrolled in one of the Group sponsored health plans for the term of the benefit year. I understand that waivers of coverage, including spousal waivers, cannot be used to determine Group eligibility.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

The parties agree that this Affidavit may be electronically signed. The parties agree that the electronic signature appearing on this Affidavit is the same as a handwritten signature for the purposes of validity, enforceability, and admissibility.

By including my signature below, I attest that the information provided in this Affidavit is true to the best of my knowledge.

Authorized Signature

Signature Date

Name (print)

Title