

Small Business 5901 Lincoln Drive Edina, MN 55436 Mail Route: MN012-NL23

## **Common Ownership**

## Please have this form <u>completed and signed</u> by the enrolling group's <u>Accountant</u>, <u>Attorney or</u> <u>Officer of the Company</u>

The Health Insurance Portability and Accountability Act of 1996 states that all persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 of the Internal Revenue Code of 1986 shall be treated as one employer.

Please list <u>all</u> companies that would qualify as one employer under the above referenced sections of the Internal Revenue Code.

## Name of Group on Employer Application \_\_\_\_

Business Name	Employer Identification Number

I certify that the applicant is a single employer under section 414 of Internal Revenue Code of 1986 (26 U.S.C. § 414 (b), (c), (m), or (o)), and under any applicable state law.

Signature of Owner	Date
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