



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. 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)