



Insurance Pool Governing Board (IPGB) CERTIFIED PLANS EMPLOYER AFFIDAVIT

Section 2b, Chapter 742, Oregon Laws 2003 requires that employers eligible for the Insurance Pool Governing Board's Alternative and Children's Group Plans must not have provided a group health benefit plan to their eligible employees on or after July 1, 2003, or must have been an uninsured new business formed after this date.

I, _____, the authorized representative of _____
certify that this business meets the statutory period of uninsurance. Further, I understand that once I
enter this program, if I withdraw for any reason my business will be ineligible for health insurance through
these plans in the future.

I hereby certify that the above statement is true and correct to the best of my knowledge and belief.

Name _____

Title _____

Company Name _____

E-Mail Address _____

Signature  _____ Date Signed _____

Please complete and sign this form and submit it to the carrier with the other application materials. Failure to do so could delay the issuance of the requested insurance coverage. I acknowledge and understand that my carrier may request or disclose health information about me and my employees and dependents for the purpose of facilitating business operations necessary to administer health care benefits. By signing this form I am authorizing this information to be provided to the Insurance Pool Governing Board for use as statistical data and program evaluation, without disclosing any personal identification information.