Client No.

Instructions:
1. Carefully read the information on the reverse side of this form.
2. Complete all applicable questions.
3. Sign, date and return the form.

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1. **Please provide your Employer Identification Number (EIN) or Tax Identification Number (TIN).**

If you have common ownership or a corporation having multiple businesses for which you file **separate** income tax returns, attach a list providing all the information requested on this form for each separate business.

For questions 2a-2c, provide the number of full-time, part-time, seasonal and intermittent employees (including all in and out of area employees) in your organizational structure (parent and subsidiaries), not just the number of employees in the particular subsidiary being reported.

2a. Did you have 20 or more full-time and/or part-time employees for each working day in 20 or more calendar weeks (consecutive or non-consecutive) **at any time during the 2008 calendar year?** Yes ○ No ○

2b. If you answered Yes to question 2a, at what date did you **first** meet the threshold of 20 or more employees for 20 calendar weeks?

/ / **(Date must be between 5/20 and 12/31 of the 2008 calendar year.)**

2c. Did you have 100 or more full-time and/or part-time employees for 50 percent or more of your regular business days **during the 2008 calendar year**? Yes ○ No ○

If you answered Yes to both questions 2a and 2c, and you also employed at least 51 or more employees on each of your business days during the 2008 calendar year, you can skip questions 3 and 4.

3. Please provide your average* number of employees on all your business days **during the 2008 calendar year**.

*Average number of employees may be determined by totaling all employees (full-time, part-time, seasonal/intermittent, and in and out of area employees) that were employed on all of your business days during the specified calendar year, and dividing that number by your total number of business days during that year.

4. Please provide the total number of your employees that are currently eligible to participate in your group sponsored health care coverage(s).

NOTE: In determining the number of employees requested in Questions 3 and 4, if you are responding on behalf of an organization that is a member of a controlled group or affiliated service group, or on behalf of employees of trades or businesses that are under common control, refer to Internal Revenue Code Sections 414 and 4980D.

Please provide all of the below information, sign, date and return this form in the envelope provided or by FAX to 1-866-849-4177. Keep a copy of this form for your records.

Name of Person Completing Questionnaire: (please include first and last name)

Title or Position:

Area Code and Telephone Number of where you can be reached: - - EX.

You should notify us immediately by FAX of any change to the above information.
My signature below signifies that all responses are accurate to the best of my knowledge:

SIGNATURE: _____ DATE: / /