



Common Ownership Form

This form must be completed and signed by the group's accountant, attorney, or officer of the company.

Name of employer group listed on the Group Master Application:

Business Information

List all businesses that qualify as one employer under the Internal Revenue Code referenced below.

Business Name _____ Employer Identification Number _____

Business Name _____ Employer Identification Number _____

Business Name _____ Employer Identification Number _____

Business Name _____ Employer Identification Number _____

Certification

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

Print Name _____ Phone Number _____

Relationship to Employer: Accountant Attorney Officer Other (explain) _____

Signature _____ Date _____