Common Ownership Form

PacificSource HEALTH PLANS

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

Legal name of group per Group Master Application

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1. Business information

If more than three common ownership entities, please supply additional form.

Should each affiliate be invoice separately? ☐ Yes ☐ No *Default is one invoice if not marked.

If no, should invoiced designate by affiliate? ☐ Yes ☐ No **Default is to not designate by affiliate.

Business name _____ **Federal tax ID no.** _____

If separate billing, provide billing contact _____ Primary phone _____

Mailing address (if different from GMA) _____

City _____ State _____ ZIP _____

Business name _____ **Federal tax ID no.** _____

If separate billing, provide billing contact _____ Primary phone _____

Mailing address (if different from GMA) _____

City _____ State _____ ZIP _____

Business name _____ **Federal tax ID no.** _____

If separate billing, provide billing contact _____ Primary phone _____

Mailing address (if different from GMA) _____

City _____ State _____ ZIP _____

2. 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 ☐ Producer

Signature _____ Date _____