

LETTER of CERTIFICATION**United Concordia (UCCI) Letter of Certification for New Or Renewal Group Submissions**

Required when a new group cannot provide current filed tax documentation for initial enrollment.

This Letter of Certification is the only acceptable form of CPA/Attorney documentation to verify enrollee compensation.

This form is also used in the event that sufficient tax documents are not available and cannot be submitted for re-qualification or in the event that the business status has changed (i.e. DBA or Name Change) and has no documentation to reflect that change.

Please check or respond where appropriate (type or print):

I am a duly licensed:

☐ A Certified Public Account (CPA), or

☐ An Attorney,

Name: _____

Firm Name: _____

Firm Address: _____

Telephone Number: _____

State of Licensure: _____

This letter of attestation is being provided on behalf or the following business entity:

Group's Name: _____

Group's Address: _____

Group's Telephone Number: _____ Groups TIN: _____

Group Officer's Name (from whom you received the written documentation reviewed in connection with this letter of attestation): _____

The principal place of business for this group is in New York and this business is a:**(Check One Box)**

☐ Sole Proprietorship, and the proprietor works a minimum of 20 hours per week.

☐ Partnership

☐ Corporation

☐ Limited Liability Company (LLC)

☐ Trust (attach supporting documentation)

☐ Other Type of Business Entity (explain) _____

(please attach copies of supporting documentation.)

Check Applicable Box(es)

☐ The following new employee(s) _____ began working for this company on _____, and is working full-time (20 hours or more per week), and will be shown on future tax documents which can be reviewed at a later date.

☐ This group is a new business, which started on _____ and will be filing tax documents, which can be reviewed at a future date.

I hereby certify that the information I have stated above is true based on my review of books, records or other written documentation provided to me by the group and that the materials I have attached to this letter in support of this certification are true and accurate copies of records of the group. This certification forms part of the group's application for insurance. New York Insurance Law: An individual who provides false or misleading statements of material facts, or conceals material information in order to obtain insurance, commits a fraudulent insurance act, which is a crime.

Signature: _____ **Print Name & Title:** _____

Date: _____