



**BlueCross BlueShield  
of Tennessee**

801 Pine Street  
Chattanooga, Tennessee 37402-2555

*www.bcbst.com*

**Common Ownership Verification Form**

Policyholder/Group Name \_\_\_\_\_

Policyholder Address \_\_\_\_\_

To establish eligibility for insurance coverage, please list the name, location, owner(s), and percentage owned of all businesses to be covered under the above group's policy. *(A minimum of 50% common ownership is required.)*

<b>Business Name</b>	<b>Business Location</b>	<b>Owner(s) Names</b>	<b>Percentage Owned for Each Owner</b>

**I certify that the information provided on this form is accurate and true. I certify that the Policyholder officially controls the business operations for all businesses listed on this form. I understand that if any of this information is incorrect, BlueCross BlueShield of Tennessee may have the right to rescind coverage. I agree to notify BlueCross BlueShield of Tennessee within 31 days if any of the information on this form changes.**

\_\_\_\_\_  
Authorized Signature Date