



**BlueCross BlueShield  
of Tennessee**

801 Pine Street  
Chattanooga, Tennessee 37402-2555

*www.bcbst.com*

**Certification Form**

**To be completed for new small groups of less than 6 enrolled employees for owners/partners, new hires and 1099 workers not listed on the Tennessee Department of Labor and Workforce Development Wage Report or other required tax documentation.**

Company Name: \_\_\_\_\_

<u>Name</u>	<u>Date of Hire</u>	<u>Hours Worked Per Week</u>	<u>Explanation (i.e. Owner/Partner, New Hire or 1099 Worker)</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company.**

**I certify that the information provided on this form is true and accurate. I understand that if my answers on this form are incorrect or untrue, BlueCross BlueShield of Tennessee may have the right to deny benefits or rescind coverage.**

Group Administrator Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_