



CPA/Lawyer Attestation LETTER

I am: [] A Certified Public Accountant (CPA), or [] An Attorney

Name:
Firm Name:
Firm Address:
Telephone Number:
Professional License and/or Association Number(s):

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

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

This group is a new business, which started on and will be filing tax documents, which will be sent to you at a future date.

I certify that this group has a New York situs, and is a:

- [] Sole Proprietorship, and the proprietor works a minimum of 20 hours per week.
[] Partnership
[] Corporation
[] Limited Liability Company (LLC)
[] S-Corp
[] Other Type of Business Entity (explain)
(Please attach copies of supporting documentation)

The following employees of this firm began working for this company on the following dates, and are working full-time (20 hours or more per week), and will be shown on future tax documents which will be provided to you.

Table with 4 columns: Name, Start Date, Name, Start Date. Two rows of blank lines for data entry.

I hereby certify that the information I have stated above are true statements based on documentation provided to me. I hereby make this certification to induce PerfectHealth to offer health insurance coverage to this group based upon the information contained in my certification. I understand that PerfectHealth will retain this letter and any attached materials without regard to the acceptance or non-acceptance of the group's application for coverage.

Signature: Date: