

CONTROLLED GROUP CERTIFICATION



An Independent Licensee of the Blue Cross and Blue Shield Association

Companies that are members of a controlled group of corporations, as defined in the Internal Revenue Code (IRC), shall be treated as a single employer. By signing and submitting this certification, you are certifying to Blue Cross Blue Shield of Arizona (BCBSAZ) that the entities listed in this document form a controlled group of corporations.

Full Legal Name of Applicant: _____

Below, list each entity that is in a controlled group of corporations, as defined in the IRC, with Applicant:

	State of Incorporation	State of Entity Headquarters
Full Legal Name of Entity		
Full Legal Name of Entity		
Full Legal Name of Entity		
Full Legal Name of Entity		
Full Legal Name of Entity		

Applicant shall notify BCBSAZ in writing within five (5) business days of any change to the information included in this certification. I certify that I am familiar with the applicable provisions of the IRC or have consulted with someone who is. I understand that BCBSAZ is relying on my certification in treating the entities listed on this form as a single employer and that this certification shall be incorporated into, and become a material provision of, Applicant's Group Master Contract or Administrative Services Agreement with BCBSAZ, whichever is applicable. I acknowledge and agree that in the event any information in this certification is incorrect or is modified, BCBSAZ may terminate coverage or services, re-rate the plans and services, modify the coverage, or pursue other recourse permitted by law.

Authorized Signatory: _____

Printed Name: _____

Authorized Signatory Title: _____

(Must be an officer of the applicant)

Date: ____ / ____ / ____