

SecurityHealth PlanSM

Promises kept, plain and simple.®

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1.800.472.2363 | 715.221.9555
TTY: 711

Premium Contribution Attestation

The Patient Protection and Affordable Care Act established criteria which categorizes all group health plans as either grandfathered or non-grandfathered. Changes that you make to benefits as well as the amount you contribute toward premiums affect your grandfathered status. Decreasing the amount you pay toward your employees' health insurance premium by more than 5 percent* as compared to your contribution rate on March 23, 2010, will cause your group health plan to lose its grandfathered status.

To help Security Health Plan determine the status of your coverage, please provide the percent you contributed toward the premium for each of the coverage tiers below. If you have a variety of contribution schedules, include an additional page outlining each.

**Percent of premium contributions
as of March 23, 2010:**

_____ Single
_____ Employee + spouse
_____ Employee + children
_____ Full family

**Percent of premium contributions
for upcoming plan year:**

_____ Single
_____ Employee + spouse
_____ Employee + children
_____ Full family

Authorized individual's name (printed)

Date (month/day/year)

Authorized individual's signature

Return this form via fax to 715-221-9456 or e-mail to shpsalesupport@securityhealth.org.

Security Health Plan will not be able to complete your renewal without this form. The status of your coverage, whether grandfathered or not, needs to be determined so Security Health Plan can distribute the correct information to you and your employees. If you have any questions or concerns, please contact your account manager at 1-800-622-7790.

Note: You must notify Security Health Plan at least 30 days prior to any changes in premium contributions.

Office use only _____

*Adjusted for medical inflation defined in 45 C.F.R.147.140.