



\*1234567890000001200\*

**Part I: Continued**

3. In the following years, did your organization participate in a multi or multiple employer group health plan in which there was at least one employer who had 20 or more employees for 20 or more calendar weeks (this includes full time, part time, intermittent and/or seasonal employees)?

Year

YES

NO

1998

1999

2000

2001



If you answered NO to all of the items in Questions 2 and 3, please turn to Part IV and sign the certification. Return Part I and Part IV in the self-addressed mailer provided.

4. In the following years, did you have 100 or more employees during 50% of your business days (full or part time)?

Year

1998

1999

2000

2001

5. In the following years, did your organization participate in a multi or multiple employer group health plan in which there was at least one employer who had 100 or more employees during 50% of their business days (this includes full time, part time, intermittent and/or seasonal employees)?

Year

1998

1999

2000

2001

