

Small Employer Exception (SEE) Package

Member Name: _____

Member ID: _____

Small Employer Exception Submittal Certification

Employer Name: _____

Employer Address: _____

Address Line 2: _____

We certify that we (*circle one*) **have / have not** had 20 or more employees on each working day in 20 or more calendar weeks in the current or preceding calendar year.

We employ _____ employees.

(List one:)

Employer Identification Number (EIN): _____

Employer Tax Identification Number (TIN): _____

Employer Representative Name

Signature of Employer Representative

Date

Melissa Kubiak-PBUCC

Submitter's Representative Name



Signature of Submitter's Representative

Date