



Small Employer Exception Submittal Certification

Employer Name: _____

Employer Address: _____

We certify that we 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.

Employer Identification Number (EIN): _____

Employer Tax Identification Number (TIN): _____

Employer Representative Name

Signature of Employer Representative Date

Submitter's Representative Name

Signature of Submitter's Representative Date