TD CONSORTIUM BENEFITS TRUST

EMPLOYER CERTIFICATION FORM

Employer's Name: _____

Employer's Address: _____

I confirm that each employee listed below works for my company. I understand that no individual shall become covered by the TD Consortium Benefits Trust who are not a bona fide employee working on a full-time, compensated basis. Only full-time, compensated employees are eligible for coverage. A full-time compensated employee is one who regularly works at least 24 hours per week at the employer's place of business for compensation.

Please use the following letters to indicate Status:

O: Owner, partner or officer
F: Full-time employee
C: Employee electing Continuation of Coverage
W: Waiving coverage (coverage through spouse, Medicare, etc)
I: Independent Contractor
P: Part-time or temporary employee
X: Does not want coverage

Name & Title	Hire Date	Hours Worked per week	Status
*Please attach additional sheet if necessary			

- Is your firm subject to the requirements of the federal COBRA law? ☐Yes ☐No
  (You *may* be subject to the law if you employed 20 or more employees during 50% or more of the working days of the previous calendar year)

- Is your firm subject to the Working Aged Provisions of the federal law (TEFRA/DEFRA)? ☐Yes ☐No
  (You *may* be subject to the law if you employed 20 or more employees for 20 weeks in the current or prior calendar year)

I hereby certify the information on this document is accurate and serves as part of the contract. I understand that if the information I have provided is not accurate, complete and true, or if I have omitted any facts or made any material misrepresentations of a fact, I may be in violation of the Plans Guidelines and will be subject to re-rating of the health care fees. In addition, I understand that if I omit material facts or provide false information my contract can be terminated as of the original effective date.

As an authorized agent, I confirm that I am submitting this form instead of a wage and tax statement.

Date_____ Signature _____

(Owner, Partner, Corporate Officer or Authorized agent)