



PERMANENT ZERO COVERED LIVES CERTIFICATE

Under penalty of perjury, I certify with respect to the following entity:

Payee Name: _____

Address: _____

Address 2: _____

City / State / Zip: _____

NAIC or NHHP
ID Number:

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Group Number
(if applicable):

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The following facts:

1. The entity has zero covered lives under the applicable statute (NH RSA 404-G).
2. The entity's business is such that it expects never to have such lives to report.
3. In the event that the entity does have covered lives in the future, it will timely complete and file quarterly assessments including remitting applicable payments as required by the New Hampshire Health Plan.

Signature

Print Name

Title

Email

Phone

Date

Once completed, please fax (603) 225-4739 or email NHHP at info@nhhp.org. You will receive confirmation when the file is updated.

Please note, it is the responsibility of the Assessable Entity to ensure a current Permanent Zero Covered Lives Certificate is on file with NHHP to participate in this program. Certificates remain in effect for two years only.