

Part I: Continued

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
	2003		X
	2004		X
	2005		X
please turn to Part IV and sign the certification.	Return Part		
	Year		
 4. In the following years, did you have 100 or more employees during 50% of your business days (full or part time)? 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)? 	2003	X	
	2004	X	
	2005	X	
	Year		
	2003		X
	2004		X
	2005		X
	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)? If you answered NO to all of the items in Questiplease turn to Part IV and sign the certification. I and Part IV in the self-addressed mailer provide In the following years, did you have 100 or more employees during 50% of your business days (full or part time)? 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	In the following years, did your organization participate in a multi or multiple employer 2003 group health plan in which there was at least 2004 for 20 or more calendar weeks (this includes 2004 full time, part time, intermittent and/or seasonal 2005 mployees)? 2005 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 1 and Part IV in the self-addressed mailer provided. Year In the following years, did you have 100 or more 2003 employees during 50% of your business days (full or part time)? 2004 2005 Year In the following years, did you roganization participate in a multi or multiple employer 2003 group health plan in which there was at least one employer who had 100 or more employees 2004	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)? 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. In the following years, did you have 100 or more employees during 50% of your business days (full or part time)? Year 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 the ir business days (this includes

