

Large Employer Carrier Status Certification – Figure 50

| This certification is on behalf of | | |
|--|--|------|
| Insurance or HMO Company Name | | |
| Select one of the following: | | |
| ☐ Initial Large Employer Carrier Ele | ction - <u>28 TAC Section 26.302(a)</u> | |
| Change to Large Employer Carrie | er Election - <u>28 TAC Section 26.302(b)</u> | |
| Check below as applicable: | | |
| | rate in accordance with <u>Insurance Code Chapter 1501</u> and | arge |
| | ntend to offer, issue, or issue for delivery health benefit plans to larger th carrier intends to renew existing health benefit plans. | ge |
| employers in Texas; intends to no | ntend to offer, issue, or issue for delivery health benefit plans to largon-renew all health benefit plans issued to large employers in Texammissioner and employers in accordance with Insurance Code Section 26.309. | ıs; |
| | olth benefit plans issued to large employers or to employees of a la o offer, issue, or issue for delivery health benefit plans to large | rge |
| changed in accordance with 28 TAC Sect | er intends to operate in accordance with this status certification ution 26.302. Prior to any change, the carrier will notify the departmentification form in compliance with legal requirements. | |
| Name | Title | |
| Cianatura | Data | |