

Employer Certification

Wisconsin State Chamber Wholesale and Retail Trade Association

Pathway 1: AHP

Employer certifies that it meets the requirements listed below to be an employer member of the association's group health plan under section 3(5) of the Employee Retirement Income Security Act of 1974 (ERISA). It understands that it must be a member of the association in good standing to be eligible to participate in the plan.

Employer further understands that status as an employer member, by itself, is not a guarantee of coverage and does not confer upon it the right to participate in the association's group health plan, which is governed by the by-laws of the association and applicable law, including regulations issued under ERISA. Finally, such by-laws and applicable law are subject to change.

I certify that each of the following requirements has been met:

Employer certifies that it is a member in good standing of the association and is eligible to participate in the Wisconsin State Chamber Wholesale and Retail Trade Association's (Association) group health plan.

Employer Address: _____ Association Address: 501 E Washington Ave
_____ Madison, WI 53704
EIN: _____

1. Employer is in the business of wholesale or retail trade. See attached list of SIC Codes.
2. I agree to notify the carrier in the event any factual information that provided the basis for this certification changed or was subsequently determined to not be accurate and understand that the issuer is required by law to monitor compliance with these requirements.
3. I agree to provide the issuer with documentation to verify the accuracy of the information being certified upon request.
4. Employer acts directly as an employer of at least one non-spouse employee who is or will be a participant covered under the plan.

By signing below, I attest to the accuracy, truthfulness and completeness of the information provided herein. I understand that any misrepresentation or fraudulent statement may result in a loss or termination of coverage under the association plan, an increase in the Required Contribution (Payment Amount), or other consequences as permitted by law.

Name of Association: **Wisconsin State Chamber Wholesale and Retail Trade Association**

Name of Employer: _____

Signature of Officer: _____

Print Name: _____

Title: _____

Date: _____

Wisconsin State Chamber Wholesale and Retail Trade Association

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SIC CODES

SIC Code	Ranges	Description
5011	5099	Wholesale Trade - Durable Goods
5111	5119	Paper & Paper Products
5121	5129	Drugs, Drug Proprietaries & Druggists' Sundries
5131	5199	Miscellaneous Nondurable Goods
5211	5279	Building Materials & Garden Supplies
5311	5399	General Merchandise Stores
5411	5499	Food Stores
5511	5519	Motor Vehicle Dealers (New & Used)
5521	5529	Motor Vehicle Dealers (Used Only)
5531	5539	Auto & Home Supply Stores
5541	5549	Gasoline Service Stations
5551	5559	Boat Dealers
5561	5569	Recreational Vehicle Dealers
5571	5599	Automotive Dealers, Not Elsewhere Classified
5611	5699	Apparel & Accessory Stores
5711	5739	Furniture & Home Furnishings Stores
5911	5919	Drug Stores & Proprietary Stores
5921	5929	Liquor Stores
5931	5969	Miscellaneous Shopping Goods Stores, Nonstore Retailers
5981	5989	Fuel Dealers
5991	5999	Retail Stores, Not Elsewhere Classified