

# Small Business SIC Attestation

Please complete this form and submit it to Fallon Community Health Plan to identify the below named employer group's Standard Industrial Classification (SIC) code.

Employer Group Name	
Address	
Contact Name	Phone Number
Company Website	SIC Code

If SIC code is unknown, please provide a clear description of what this organization does and the work they perform so that we can determine the best SIC code to assign.

SIC codes are a fundamental component of our rating system and underwriting process. It is important for us to apply the most appropriate SIC code to our groups to better serve you and to be in accordance with industry standards.

I attest to the accuracy of the named company's operational description and certify that all the information provided on this form is correct to the best of my knowledge.

\_\_\_\_\_  
Contact Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date