

[Your Group's Name]

[Your Group's Address]

RE: Southern Ohio Chamber Alliance Benefit Plan

Dear Group Official,

Our auditors, Maloney + Novotny, LLC are conducting an audit of our financial statements. As a part of that process, please confirm the following information relating to your premium payments and participation rates during 2017.

- 1) The monthly premium remitted as outlined: (May represent a full year or a random selection)

Month	Invoice
September 2017	
November 2017	
December 2017	

- 2) The employee vs employer contribution (please complete one of the following options)

- a) The employer contributes \$_____ per month per employee (fixed amount)
- b) The employer contributes _____% per month per employee (fixed percentage)
- c) Please provide the year to date employee contribution for health care coverage from your full year payroll report \$_____

Attach a copy of the full year payroll report used to arrive at this calculation

- 3) To confirm compliance with the participation rates (please complete the following information)

_____ # of current employees (part time & full time)
 _____ # of eligible employees
 _____ # of eligible employees applying for coverage
 _____ # of ineligible employees
 _____ # of waivers

Attach the copy of the Wage and Tax Statement used to arrive at this calculation.



3931 South Dixie Dr. Dayton, OH 45439

The information presented agrees to our records with the following exceptions (if any):

Authorized Signature

This confirmation can be sent to:

Sherri Bates
Maloney + Novotny, LLC
1111 Superior Ave Suite 700
Cleveland, OH 44114

We have included a return envelope for your convenience.

Your prompt attention to this request is greatly appreciated

AUTHORIZED SIGNER