

**PERMANENT ZERO COVERED LIVES CERTIFICATE**

Under penalty of perjury, I certify with respect to the following entity:

Assessable Entity: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Federal EIN: 

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The following facts:

1. The entity has zero child covered lives under the applicable statute (NH RSA 126-Q).
2. The entity's business is such that it expects never to have such lives to report.
3. In the event that the entity does have child covered lives in the future, it will timely complete and file quarterly assessments including remitting applicable payments as required by the New Hampshire Vaccine Association.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

Once completed, please fax (603) 225-4739 or email to [emeagher@helmsco.com](mailto:emeagher@helmsco.com) at the New Hampshire Vaccine Association. You will receive confirmation when your file is updated.

***Please note, it is the responsibility of the Assessable Entity to ensure a current Certificate is on file with the NHVA to participate in this program. Certificates remain in effect for two years only.***