

PERMANENT ZERO COVERED LIVES CERTIFICATE

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

Payee Name: _____

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

Once completed, please fax (603) 225-4739 or email info@nhvaccine.org to the New Hampshire Vaccine Association.

Please note the New Hampshire Vaccine Association will contact each entity completing the Permanent Zero Covered Lives Certificate every two years to ensure there has been no change in status.