



PEAK Verification Report

To remain in compliance with PEAK reporting requirements, the following attestations and supporting documents are required from every Qualified Company with an active Benefit Term during the third calendar quarter of 2016. An authorized officer of the company must submit a signed copy of this letter, along with the required supporting documents, to peak.reporting@ks.gov by **October 1, 2016**.

Please title the subject line of the email as **“PEAK Verification Report--*Company Name, Agreement Number*”** (for example, “PEAK Verification Report—ABC Enterprises, 10-PEAK-027”). If there are any questions, please contact Evan Fisher at 785.296.3074 or peak.reporting@ks.gov.

The following supporting documents are required to be included when submitting this Verification Report:

1. A Tax Clearance Certificate from the Kansas Department of Revenue, issued no earlier than July 1, 2016, for the entity (or entities) identified in the PEAK Agreement. (<http://www.ksrevenue.org/taxclearance.html>)
2. The Qualified Company’s Health Plan Benefits Summary, or equivalent documentation, that demonstrates the six areas of adequate coverage, including 1) hospital care; 2) physician care; 3) prenatal and postnatal care; 4) mental health care; 5) substance abuse treatment; and 6) prescription drugs.

As an authorized officer of the Qualified Company, I attest that the Qualified Company:

1. Does not owe any undisputed, delinquent local, state or federal taxes.
2. Pays at least 50% of the health insurance plan premium for full-time employees (35+ hours per week).
3. Offers full-time employees adequate health insurance coverage within 180 days from the date of employment.
4. Has not filed, nor intends to file, for protection under the federal bankruptcy code.
5. Has made no changes to the Company Name, Employer Identification Number, or Business Facility Address.
6. Continues to remain in compliance with all of the requirements necessary to participate in the PEAK Program.
7. Will provide further relevant documentation, if requested, to the Kansas Department of Commerce and/or Kansas Department of Revenue.

Name of Qualified Company

PEAK Agreement Number

Authorized Official’s Name & Title (Type or Print)

* By checking this box and typing my name below, I am electronically signing this form.

Authorized Official’s Signature (Type or Sign)

Date