

Request for Multiple Filing of Notices of Exemption

Name of Covered Entity Making this Request: _____

Name of Individual Submitting this Request: _____

Title of Individual Submitting this Request: _____

Email Address Associated with Covered Entity on Department Portal:

The Covered Entity's Multiple Filing Would Be for (check all that apply):

- Employees
- Captive Agents

Total Number of Employees and/or Captive Agents to Be Filed for: _____

Reason(s) for Exemption for All Employees or Captive Agents (do not request multiple filing unless *each* of the exemption reasons you mark below applies to *all* employees and captive agents for whom the Covered Entity seeks to file):

- Section 500.19(a)(1)
- Section 500.19(a)(2)
- Section 500.19(a)(3)
- Section 500.19(b)
- Section 500.19(c)
- Section 500.19(d)

Please note that this form is only a request to perform multiple filing in batches. If the Department approves the request, the Covered Entity will be able to perform multiple filing in batches for its employees and/or captive agents through the Department's online portal.

Signature: _____

Date: _____