

WORKERS' COMPENSATION EXEMPTION STATEMENT

Small Group requirements for proof of exemption from Workers' Compensation Coverage.

I attest that while I am listed on the DE-6 wage report of this company and a Workers' Compensation policy is not in force, ALL of the following conditions are true:

1. I am exempt from being covered by Workers' Compensation Coverage because I am a spouse to the owner of the company; and
2. I am actively at work at the below-named company; and
3. I draw wages, dividends, or other distributions from the below-named company on a regular basis and do not derive substantial earned income from any other employment; and
4. I have satisfied the designated waiting period before health insurance coverage is to become effective; and
5. I work on a permanent, full-time basis for the below-named company at least thirty (30) hours per week; or I work on a permanent basis at least twenty (20) hours per week if all of the following apply:
 - All similarly situated permanent employees who work twenty (20) to twenty-nine (29) hours per week are offered or will be offered coverage under the employer's health plan;
 - I worked at least twenty (20) hours per week for at least fifty percent (50%) of the weeks in the previous calendar quarter.

Please Print	
Last Name	First Name
Title	Company Name

I understand that this information may be subject to audit and agree to provide PacifiCare with the information necessary to prove the above statements. I also understand that failure to meet the above conditions may result in rejection, rescission or non-renewal of group health coverage from PacifiCare for the above-named company.

Signature		Date	
Print Name	Title	Company Name	