

SOLE PROPRIETOR, PARTNER OR CORPORATE OFFICER STATEMENT

This form is a Small Group requirement for proof of eligibility for owners/officers when no DE-6 is available, or if not listed on DE-6, or if a workers' compensation policy is not in force.

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

1. I am a sole proprietor, partner or corporate officer of the company name as indicated below; 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	
Name	Title
Percentage of Ownership in Firm (if applicable) %	Company Name

Check ONE of the Following Small Group Requirements for Eligibility			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company

Agreement

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, rescision or nonrenewal of group health coverage from PacifiCare for the above-named company.

Proprietor, Partner or Corporate Officer's Signature		Date
Print Proprietor, Partner or Corporate Officer's Name	Title	Company Name