



Sole Proprietor, Partner or Corporate Officer Statement

Small Group (2-50) requirement for proof of eligibility when not listed on the Quarterly Tax and Wage Statement.

I attest that while I am not listed on the Quarterly Wage and Tax Statement of this company, all of the following conditions are true:

1. I am a sole proprietor, partner or corporate officer of the company name indicated below; and
2. I am actively at work at this company; and
3. I draw wages, dividends or other distributions from this company on a regular basis, and do not derive substantial earned income from any other employment; and
4. I work a minimum of 30 hours per week for this company on a permanent and full-time basis; and
5. I have satisfied the designated waiting period before health insurance coverage is to become effective.

PLEASE PRINT

Name	Phone No. ()
Title	Percentage of Ownership in Firm %
Company Name	
Address	
City/State/Zip	

CHECK ONE OF THE FOLLOWING:

- ☐ **SOLE PROPRIETOR.....** **Submit the following documents:**
- Schedule SE and Schedule C filed with 1040 Tax Return
- ☐ **PARTNER.....** **Submit one of the following documents:**
- K-1 or Schedule SE or Form 1065 Partnership Return
- ☐ **CORPORATE OFFICER.....** **Other legal documentation will be required, such as:**
- Statement of Domestic Stock Corporation, and/or
Articles of Incorporation

I understand this information may be subject to audit and agree to provide Prominence HealthFirst/Preferred Health Insurance Company, Inc., together known as Prominence Health Plan, any and all information and documentation necessary to prove the above statements. I also understand that any misrepresentation by me of my true circumstances may result in the rescission of group health coverage from Prominence Health Plan for myself, my enrolled dependents and/or this company as Prominence Health Plan may choose. Prominence Health Plan also expressly reserves any other rights and remedies.

Signature: _____ Date: _____