

Sole proprietor, partner, or corporate officer statement

Small-group requirements for proof of eligibility

- I am listed on the DE9C wage report for this company.
- I am not listed on the DE9C for this company. I attest that all of the following conditions are true:
 1. I am a sole proprietor, partner, or corporate officer of the company named 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

Owner/officer's name	Phone number	
Title and duties	Percentage of ownership in firm %	
Company name		
Address		
City	State	ZIP code

Groups with fewer than six employees enrolled will be required to provide documented monetary compensation for each owner.

Check one of the following (anyone enrolling must appear on the following documents):

- Sole proprietor** California business license, or fictitious business name filing, and Current Schedule C (if not listed on the DE9C)
- Partner** Partnership Agreement, and Current Schedule K-1 (if not listed on the DE9C)
- Corporate officer** Other legal documentation may be requested, such as: Statement by Domestic Stock Corporation, Articles of Incorporation, and IRS Form 1120 (if not listed on the DE9C)

I understand that this information may be subject to audit and agree to provide Blue Shield of California with any and all information and documentation necessary to substantiate the above statements. I also understand that any misrepresentation by me of my true circumstances may result in rescission of group health coverage from Blue Shield of California for myself, my enrolled dependents, and/or this company.

Signature

Date