



# Proof of Eligibility Form

For Small Employer (2-50) Sole Proprietors, Partners or Corporate Officers

(To be used for eligible individuals that are not reported on a quarterly wage and tax form)

Full Name (First, MI, Last)	Phone No.
Title	Percentage of Ownership in Firm
Company Name	
Address	City / State / Zip code

Please check one of the following:

**In order to satisfy the Small Employer Requirements for Proof of Eligibility, *the following most recent documents are required:***

(Anyone eligible must appear on the below documents)

### Sole Proprietor

<input type="checkbox"/>	<ul style="list-style-type: none"> <li>➤ Sole Proprietor</li> <li>➤ Franchise</li> <li>➤ Limited Liability Company operating as a sole proprietor or single member LLC</li> </ul>	<b>Submit all applicable:</b>	<b>Must Submit one of the following:</b>
		<ul style="list-style-type: none"> <li>➤ Filed Assumed Name Certificate (Fictitious Name or DBA)</li> <li>➤ Filed Certificate of Organization (only required for LLC)</li> <li>➤ Filed Business License</li> </ul>	<ul style="list-style-type: none"> <li>➤ IRS Form 1040 C or 1040 F</li> <li>➤ IRS Form 1040 SE</li> <li>➤ IRS Form 1040 ES (estimated tax)</li> </ul>

### Partner

<input type="checkbox"/>	<ul style="list-style-type: none"> <li>➤ Partnership</li> <li>➤ Limited Liability Partnership (member)</li> </ul>	<b>Submit all applicable:</b>	<b>Must Submit one of the following:</b>
		<ul style="list-style-type: none"> <li>➤ Partnership Agreement (Filed)</li> <li>➤ Filed Assumed Name Certificate (Fictitious Name or DBA) if applicable</li> <li>➤ Filed Certificate of Organization (only required for LLC or LLP)</li> <li>➤ Filed Business License</li> </ul>	<ul style="list-style-type: none"> <li>➤ IRS Form 1065 schedule K-1</li> <li>➤ IRS Form 1040 SE</li> <li>➤ IRS Form 1040 ES (estimated tax)</li> </ul>

### Corporate Officer

<input type="checkbox"/>	<ul style="list-style-type: none"> <li>➤ Limited Liability Company operating as a corporation</li> <li>➤ C-Corporation</li> <li>➤ Personal Service Corporation</li> <li>➤ S-Corporation</li> </ul>	<b>Submit all applicable:</b>	<b>Must Submit one of the following:</b>
		<ul style="list-style-type: none"> <li>➤ Filed Assumed Name Certificate (Fictitious Name or DBA)</li> <li>➤ Articles of Incorporation <b>or</b> Statement by Domestic Stock (complete, including name of officers, shareholders and directors)</li> <li>➤ Filed Certification of Qualification (if incorporated in a different state)</li> </ul>	<ul style="list-style-type: none"> <li>➤ IRS Forms 1120, 1120 A or 1120 W (C-Corp &amp; Personal Service Corp)</li> <li>➤ IRS Form 1120 S schedule K-1 or 1040 ES (estimated tax) (S-Corp)</li> <li>➤ IRS Form 8832 (Entity Classification; for LLC's treated as a Corporation)</li> </ul>

I attest that while I am not listed on the state quarterly wage and tax statement for this company, all of the following are true:

1. I am a sole proprietor, partner or corporation officer of the company indicated above; and
2. I am actively at work at this company on a full time, permanent basis working no less than the minimum number of hours required by the applicable State Laws ; and
3. I draw wages, compensation, 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 have satisfied the designated waiting period before health insurance coverage is to become effective.

I understand this information may be subject to audit and agree to provide Aetna and/or its affiliates, with any and all information and documentation necessary to validate the above statements. I also understand that any misrepresentation by me of my true circumstances may result in the termination of group health coverage from Aetna and/or its affiliates, for me, my enrolled dependents and or this company as Aetna and/or its affiliates may choose. Aetna and/or its affiliates also expressly reserve any other rights and remedies.

Signature:	Date:
------------	-------