



SOLE PROPRIETOR, PARTNER, OR CORPORATE OFFICER STATEMENT

Small Group requirements for proof of eligibility when owners are not listed on the DE6

I attest that while I am not listed on the DE-6 wage report for this company, 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/Job Function	Percentage of Ownership in Firm %
Company Name	
Address	
City/State/Zip Code	

CHECK **ONE** OF THE FOLLOWING: Anyone enrolling **must** appear on the following documents

- SOLE PROPRIETOR California Business License, or Fictitious Business Name filing, or Current Schedule C
- PARTNER Partnership Agreement, or Current Schedule K-1
- CORPORATE OFFICER Other legal documentation may be requested such as: Statement by Domestic Stock Corporation Articles of Incorporation

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

Groups with less than 5 employees enrolled must provide proof of eligibility for each owner as requested by Small Group Underwriting.