

## 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 and all owner-only groups 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
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