

Independent Contractor Attestation for Eligibility for Group Health Plan Coverage



About this Attestation

It is possible for a paid Independent Contractor for whom you must file an IRS Form 1099-MISC to be considered eligible for your MVP Health Care group health plan. To include these individuals in your group health plan, MVP and the Internal Revenue Service require you and the Independent Contractor(s) to meet all of the requirements listed in **Section 2** that demonstrate the Independent Contractor is acting in the capacity as an employee. These requirements must be met in addition to the eligibility requirements found in your group Policy.

Section 1: Group Information

Group Name	MVP Group No.
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Section 2: Requirements for Eligibility

All of the following requirements must be met for an Independent Contractor to qualify for coverage under the Group plan:

1. The Independent Contractor for whom you must file an IRS Form 1099-MISC must work for your company on a full-time (as defined by New York State or Vermont), year-round basis and the work performed is an integral part of the business.
2. The relationship between you, the employer, and the Independent Contractor is permanent and/or indefinite.
3. You, the employer, invest more money in the Independent Contractor to perform the service, than the worker does.
4. You, the employer, have the right to control the details of how and when the Independent Contractor's services are performed.
5. You, the employer, control the business aspects of the Independent Contractor's job, including, but not limited to: how the Independent Contractor is paid; whether expenses are reimbursed; and who provides tools or supplies.
6. You, the employer, provide other types of employee benefits to the Independent Contractor, such as a pension plan, other insurance, and vacation or overtime pay.
7. You, the employer, agree to contribute the same amount of money toward the premium for the Independent Contractor as you would for your regular, taxed, employees.
8. You, the employer, agree to require the same waiting period for an Independent Contractor as you would for your regular, taxed, employees.
9. You, the employer, agree to extend the coverage offering to all Independent Contractors who meet these qualifications, including those you may hire in the future.

Section 3: Eligible Independent Contractor(s)

If you and your employer group meet all of the above requirements, you may include your Independent Contractor(s) for whom you must file an IRS Form 1099-MISC as eligible for your group health plan. Please provide the following for each individual who meets these qualifications, including the most recent copy of each individual's IRS Form 1099-MISC.

Independent Contractor Name	Last Four Digits of Social Security No.	Date of Hire

Section 4: Attestation

I agree to the above qualifying conditions to consider Independent Contractor employees eligible for the group health plan sponsored by my company, and attest to the accuracy and completeness of the information given here. Any misrepresentation or fraudulent statement may result in rescission of the group policy, termination of coverage, an increase in premiums retroactive to the policy date, or other consequences as permitted by law.

The parties agree that this Attestation may be electronically signed. The parties agree that the electronic signature appearing on this Attestation form is the same as a handwritten signature for the purposes of validity, enforceability, and admissibility.

Owner Signature Owner Name (print) Signature Date