

Attestation for Eligibility For Small Group Products



Instructions for Completing this Attestation

There are legal requirements pertaining to the minimum number of hours an insured member must work per week in order to qualify for coverage under that Group's Small Group health insurance plan. In accordance with that requirement, any individual who is not listed on the state wage report may be required to complete and sign this Attestation of Eligibility upon sale or renewal of the plan each year.

Section 1: Group and Subscriber Information

Employer Group Name	Group No.
Subscriber Name	<input type="checkbox"/> I am an Employee <input type="checkbox"/> I am a Principal*

**If the Subscriber is a Principal, this Attestation of Eligibility must be signed by the Subscriber and attached to their Schedule C (Profit or Loss From Business) or Schedule K-1 (Form 1065). It cannot be signed by the Broker.*

Select the Group Product below that Applies to You.

The eligibility requirement is based on which insurance product an employer has, and that may not always be the same as the state in which you live or work. Check with your employer if you are unsure which product to select below.

New York State Small Group Products
New York State individuals are legally required to work at least 20 hours per week to qualify for coverage under their employer's Small Group Health Insurance Plan.

Vermont Small Group Products
Vermont individuals are legally required to work at least 17.5 hours per week to qualify for coverage under their employer's Small Group Health Insurance Plan.

Section 2: Attestation

I, (Subscriber's Name) do hereby attest that I work the minimum number of hours required for the product I have selected above and that I collect a salary from the Employer Group Named above.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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

By including my signature below, I attest that the information provided in this Request is true to the best of my knowledge.

Subscriber Signature

Signature Date