



SMALL EMPLOYER (2-50) PROOF OF ELIGIBILITY FORM

For Sole Proprietors, Partners, or Corporate Officers

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

Please Print:

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:

Small Employer Requirements for Proof of Eligibility:

(Anyone enrolling must appear on the following documents)

- SOLE PROPRIETOR** Submit one of the following documents:
Latest Filed Schedule C. A Business License, **or**
Fictitious Business Name Filing may be accepted if Schedule C not filed yet filed.
- PARTNER** Submit one of the following documents:
Latest Filed Schedule K **or** Partnership Agreement may be accepted if Schedule K not filed yet.
- CORPORATE OFFICER** Submit one of the following documents:
Statement by Domestic Stock Corporation **or** Articles of Incorporation may be accepted if all officers are listed **and a**
Certification of Qualification (if incorporated in a different state)

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

1. I am a sole proprietor, partner, or corporate officer of the company indicated above; and
2. I am actively at work at this company on a full time, permanent basis; and
3. I draw wages, dividends, or other distributions from this company on a regular basis 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 US Healthcare® (Aetna), and/or it's 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 myself, my enrolled dependents, and/or this company as Aetna, and/or its affiliates, may choose. Aetna, and/or its affiliates, also expressly reserves any other rights and remedies.

Employee Signature: X _____ **Date:** _____