



SMALL BUSINESS ELIGIBILITY FORM

(To be used when an Employer's Quarterly Tax Report is not available)

The following is a list of **all** employees and **all** owners for

(Name of Group)

Social Security Number	Name	Owner (O) or Employee (E)	Percentage of Ownership	Reason Not Enrolling (if applicable)

Continue listing on back if necessary.

I certify that each employee named above is a W-2 employee who will appear on subsequent Employer's Quarterly Tax Reports and that documentation for owners can be furnished upon request to validate ownership.

I understand that claims may be denied and coverage voided if any of the above information needed to determine eligibility for group coverage has been misrepresented. If so terminated, I further understand that the group and/or individual named above may be liable for repayment of any claim paid on behalf of this policy.

Printed Name of Group Executive: _____

Signature: _____ Date: _____