

1099 Eligibility and Attestation Form

Company Name: _____

Group Number(s): _____

For Groups extending coverage to Contract (1099) Employees, the following guidelines will apply:

1. The Company must enroll (and maintain) at least two W-2 taxed employees.
2. No more than 50% of the Groups eligible employees may be 1099 employees.
3. Eligible 1099 employees must be employed by the Company full time and year round.
4. Eligible 1099 employees are subject to the same waiting period(s) as all other eligible W-2 employees.
5. All present/future 1099 employees are subject to the same eligibility requirements as W-2 employees.
6. The Company must contribute the same amount for health insurance coverage for the 1099 employees as it contributes for all other eligible W-2 employees.

Employee Name	SSN	Date of Hire	Hours per Week

I do hereby attest that this information is true, accurate and complete to the best of my knowledge. I understand that inaccurate or falsification of the above information may result in your employees' disenrollment from the Plan.

_____ Company Representative

_____ Date