

SMALL GROUP REQUIREMENTS FOR PROOF OF ELIGIBILITY

SOLE PROPRIETOR, PARTNER, OR CORPORATE OFFICER STATEMENT

Small Group requirements for proof of eligibility when no DE-6 available or if not listed on DE-6

Anyone enrolling must appear on the following documents!

✓ CHECK AND SUBMIT ONE OF THE FOLLOWING:	
□ SOLE PROPRIETOR	. Submit one of the following documents: California Business License, <i>or</i> Fictitious Business Filing, <i>or</i> Current Schedule C
□ PARTNER	. Submit one of the following documents: Partnership Agreement, <i>or</i> Current Schedule K
☐ CORPORATE OFFICER Other legal documentation may be requested.	
PLEASE PRINT	
Name	Phone No.
Title	Percentage of Ownership in Firm %
Company Name	
Address	
City / State / ZIP Code	
I attest that while I am not listed on the DE-6 wage in	report of this company, all of the following conditions are true:
1. I am a sole proprietor, partner or corporation officer of the company name indicated below; and	
2. I am actively at work at this company; and	
3. I draw wages, dividends or other distributions from this company on a regular basis, and do not derive substantial earned income from any other employment; and	
4. I work a minimum of 30 hours per week for this company on a permanent and full-time basis; and	
5. I have satisfied the designated waiting period before health insurance coverage is to become effective.	
documentation necessary to prove the above stateme	it and agree to provide Sharp Health Plan, with any and all information and ents. I also understand that any misrepresentation by me of my true a coverage by Sharp Health Plan. By voluntarily signing, I acknowledge statements.
Signature: X	Date: