## 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!

## $\checkmark$ CHECK AND SUBMIT ONE OF THE FOLLOWING:

$\square$ SOLE PROPRIETOR
Submit one of the following documents:
California Business License, or
Fictitious Business Filing, or
Current Schedule C
$\square$ PARTNER $\qquad$ Submit one of the following documents:
Partnership Agreement, or Current Schedule K
$\square$ CORPORATE OFFICER . . . . . . Other legal documentation may be requested.
PLEASE PRINT

| Name | $\left.\begin{array}{l}\text { Phone No. } \\ ( \end{array}\right)$ |
| :--- | :--- |
| Title | Percentage of Ownership in Firm <br> $\%$ |

Company Name

Address

City / State / ZIP Code

I attest that while I am not listed on the DE-6 wage 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.

I understand this information may be subject to audit and agree to provide Sharp Health Plan, with any and all information and documentation necessary to prove the above statements. I also understand that any misrepresentation by me of my true circumstances may result in recision of group health coverage by Sharp Health Plan. By voluntarily signing, I acknowledge that I have read and understand the aforementioned statements.
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