



SOLE PROPRIETOR UNDERWRITING GUIDELINES

SOLE PROPRIETORS (SELF-EMPLOYED)

- Must be a full time business, engaged in producing income and have a business license and/or Tax ID number.
- Must have a current Schedule C tax filing showing a minimum gross income of \$40,000 for the business. Anything less than this amount would not be considered a full time business.
- RAF factor will be 1.10 for all groups with only 1 subscriber.
- Health Statements required on all Sole Proprietor groups.

Note: Individual tax filings, bank statements, checks, and accounts receivable statements are not sufficient proof of income and will not be considered.

(OVER)



SOLE PROPRIETOR OR PARTNERSHIP STATEMENT

I attest that, although I am not listed on the DE-6 wage report of the below named company, the following conditions are true:

1. I am a sole proprietor or partner of a partnership;
2. I am actively at work at the below named company;
3. I draw wages, dividends or other distributions from the below named company on at least a monthly basis and am not eligible for group health coverage from any other employment;
4. I work on a permanent, full-time basis for the below named company at least 20 hours per week;
5. I have satisfied the designated waiting period before health insurance coverage is to become effective.

I understand that this information may be subject to verification and agree to provide Western Health Advantage with information necessary to prove the above statements. I also understand that failure to meet the above conditions may result in rejection or non-renewal of group health coverage from Western Health Advantage for the below named company.

Sole Proprietor or Partner's Signature

Date

Print Proprietor or Partner's Name

Title

Company Name