



CERTIFICATION OF CORPORATE WAGE EARNER/ SELF EMPLOYED INCOME

PacAdvantage

(For use with Paired Choice and PacAdvantage Pool Plans)

Please complete this form if you are the President, Owner, Proprietor, an Officer or Partner in the business and do not appear on the company's Wage & Tax statement (DE6) or other payroll records.

I certify that I am currently and actively involved in the business known as:

I further certify that I work for the business for at least 30 hours or more per week and was actively involved in this business at least 30 hours or more per week for a minimum of 30 days at the time my medical coverage became effective.

I understand that PacAdvantage reserves the right to request additional documentation regarding my affiliation with the above named business should either PacAdvantage or my chosen health plan feel it is necessary.

If I have misrepresented by employment status with the above named business, then I understand my coverage with PacAdvantage could be terminated back to it's original effective date.

Signature _____ Date ____ / ____ / ____

First name (print) _____ M.I. _____ Last name _____

Position (circle one): Sole Proprietor Partner Corporate officer

Signature _____ Date ____ / ____ / ____

First name (print) _____ M.I. _____ Last name _____

Position (circle one): Partner Corporate officer

Signature _____ Date ____ / ____ / ____

First name (print) _____ M.I. _____ Last name _____

Position (circle one): Partner Corporate officer

Please note that a sole proprietorship can have only one sole proprietor.