

If you're a proprietor, partner, or corporate officer who's not listed on the DE 9C (Quarterly Contribution Return and Report of Wages), please complete this form to establish your relationship to the company referenced below.

**1 COMPANY INFORMATION**

Company name			Group ID (if assigned)
Phone	Ext.	Fax	
(       )       -		(       )       -	

**2 ELIGIBILITY ATTESTATION**

1. I attest that, although my name may not appear on the DE 9C of the above-named company, the following is true:

- a. I'm a sole proprietor, partner, corporate officer, or LLC manager/member of the above-named company.
- b. I actively work at this company on a permanent basis with a normal work week of **(check one)**:
  - ☐ 20 to 29 hours per week
  - ☐ 30 or more hours per week
- c. I draw wages, dividends, or other distributions from this company on a regular basis.
- d. I'll have satisfied the designated waiting period before coverage becomes effective.

2. I'll provide ownership/business validation documentation as requested.

**Note: Kaiser Permanente reserves the right to ask for additional documentation as circumstances warrant.**

**3 READ AND SIGN**

I acknowledge that this information may be subject to verification and agree to provide Kaiser Permanente with any information necessary to do so. I also understand that failure to meet the above conditions may result in denial or termination of group health coverage for the above-named company.

Proprietor, partner, or corporate officer name (please print)	Company title (please print)
Signature <b>X</b>	Date