

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 X	Date