

## 1099 Eligibility and Attestation Form

Company Name: \_\_\_\_\_

Group Numbers: \_\_\_\_\_

For groups extending coverage to contract (1099) employees, the following guidelines will apply:

1. The company must enroll (and maintain) at least two W-2 taxed employees.
2. No more than 50% of the group's eligible employees may be 1099 employees.
3. Eligible 1099 employees must be employed by the company full-time and year-round.
4. Eligible 1099 employees are subject to the same waiting period(s) as all other eligible W-2 employees.
5. All present/future 1099 employees are subject to the same eligibility requirements as W-2 employees.
6. The company must contribute the same amount for health insurance coverage for the 1099 employees as it contributes for all other eligible W-2 employees.

Employee Name	SSN	Date of Hire	Hours Per Week

I do hereby attest that this information is true, accurate and complete to the best of my knowledge. I understand that inaccurate or falsification of the above information may result in your employees' disenrollment from the Plan.

Company Representative: \_\_\_\_\_

Date: \_\_\_\_\_