

**SOLE PROPRIETOR, PARTNER, L.L.C.  
MEMBER OR CORPORATE  
OFFICER STATEMENT**



Small Group requirements for proof of eligibility when no quarterly tax and wage report is available or if not listed on the quarterly tax and wage report:

I attest that although I am not listed on the quarterly tax and wage report of this company, all of the following conditions are true:

1. I am a sole proprietor, partner, L.L.C. member or corporate officer of the company name indicated below; and
2. I am actively at work at this company; and
3. I draw wages, dividends or other distributions from this company on a regular basis and do not derive substantial earned income from any other employment; and
4. I have satisfied the designated waiting period before health insurance coverage is to become effective.

**PLEASE PRINT**

Name	Phone No. (       )	
Title	Percentage of Ownership in Firm %	
Company Name		
Address		
City	State	ZIP Code

**CHECK ONE OF THE FOLLOWING: SMALL GROUP REQUIREMENTS FOR PROOF OF ELIGIBILITY:**  
(Anyone enrolling must appear on the following documents.)

- SOLE PROPRIETOR**      Submit one of the following documents:
  - Arizona Business License, or
  - Current Az State Tax Form Schedule C
  
- PARTNER**      Submit one of the following documents:
  - Partnership Agreement, or
  - Current Az State Tax Form Schedule K-1
  
- L.L.C. MEMBER**      Submit one of the following documents:
  - Articles of Organization
  - Operating Agreement
  
- CORPORATE OFFICER**      Submit one of the following documents:
  - Articles of Incorporation
  - Statement by Domestic Stock Corporation

I understand this information may be subject to audit and agree to provide Blue Cross Blue Shield of Arizona (BCBSAZ) with any and all information and documentation necessary to validate the above statements. I also understand that any misrepresentation by me of my true circumstances may result in rescission or termination of BCBSAZ group health coverage for me, my enrolled dependents and/or this company, as BCBSAZ may choose. I also understand that BCBSAZ expressly reserves any other rights and remedies available under state or federal law.

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_