



Proof of Eligibility Form

For Small Employer (2-50) Sole Proprietors, Partners or Corporate Officers

(To be used for eligible individuals that are not reported on a quarterly wage and tax form)

Full Name (First, MI, Last)	Phone No.
Title	Percentage of Ownership in Firm
Company Name	
Address	City / State / Zip code

Please check one of the following:

In order to satisfy the Small Employer Requirements for Proof of Eligibility, *the following most recent documents are required:*

(Anyone eligible must appear on the below documents)

Sole Proprietor		Submit all applicable:	Must Submit one of the following:
<input type="checkbox"/>	<ul style="list-style-type: none"> ➤ Sole Proprietor ➤ Franchise ➤ Limited Liability Company operating as a sole proprietor or single member LLC 	<ul style="list-style-type: none"> ➤ Filed Assumed Name Certificate (Fictitious Name or DBA) ➤ Filed Certificate of Organization (only required for LLC) ➤ Filed Business License 	<ul style="list-style-type: none"> ➤ IRS Form 1040 C or 1040 F ➤ IRS Form 1040 SE ➤ IRS Form 1040 ES (estimated tax)
Partner		Submit all applicable:	Must Submit one of the following:
<input type="checkbox"/>	<ul style="list-style-type: none"> ➤ Partnership ➤ Limited Liability Partnership (member) 	<ul style="list-style-type: none"> ➤ Partnership Agreement (Filed) ➤ Filed Assumed Name Certificate (Fictitious Name or DBA) if applicable ➤ Filed Certificate of Organization (only required for LLC or LLP) ➤ Filed Business License 	<ul style="list-style-type: none"> ➤ IRS Form 1065 schedule K-1 ➤ IRS Form 1040 SE ➤ IRS Form 1040 ES (estimated tax)
Corporate Officer		Submit all applicable:	Must Submit one of the following:
<input type="checkbox"/>	<ul style="list-style-type: none"> ➤ Limited Liability Company operating as a corporation ➤ C-Corporation ➤ Personal Service Corporation ➤ S-Corporation 	<ul style="list-style-type: none"> ➤ Filed Assumed Name Certificate (Fictitious Name or DBA) ➤ Articles of Incorporation or Statement by Domestic Stock (complete, including name of officers, shareholders and directors) ➤ Filed Certification of Qualification (if incorporated in a different state) 	<ul style="list-style-type: none"> ➤ IRS Forms 1120, 1120 A or 1120 W (C-Corp & Personal Service Corp) ➤ IRS Form 1120 S schedule K-1 or 1040 ES (estimated tax) (S-Corp) ➤ IRS Form 8832 (Entity Classification; for LLC's treated as a Corporation)

I attest that while I am not listed on the state quarterly wage and tax statement for this company, all of the following are true:

1. I am a sole proprietor, partner or corporation officer of the company indicated above; and
2. I am actively at work at this company on a full time, permanent basis working no less than the minimum number of hours required by the applicable State Laws ; and
3. I draw wages, compensation, 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.

I understand this information may be subject to audit and agree to provide Aetna and/or its affiliates, 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 the termination of group health coverage from Aetna and/or its affiliates, for me, my enrolled dependents and or this company as Aetna and/or its affiliates may choose. Aetna and/or its affiliates also expressly reserve any other rights and remedies.

Signature:	Date:
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