



**SOLE PROPRIETOR, PARTNER,  
OR CORPORATE OFFICER STATEMENT**

**Small Group requirements for proof of eligibility when owners are not listed on the DE6**

I attest that while I am not listed on the DE-6 wage report for this company, all of the following conditions are true:

1. I am a sole proprietor, partner, or corporate officer of the company named 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 work a minimum of 30 hours per week for this company on a permanent and full-time basis; and
5. I have satisfied the designated waiting period before health insurance coverage is to become effective.

**PLEASE PRINT**

Company Name	Phone Number
Title/Job Function	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 document:*  
California Business License, or  
Fictitious Business Name filing, or  
Current Schedule C

**PARTNER**..... Submit one of the following documents:  
Partnership Agreement, or  
Current Schedule K-1

*The limited partners in a limited liability partnership are not eligible for coverage unless they are also employees appearing on the DE-6.*

**CORPORATE OFFICER**..... Other legal documentation may be requested such as:  
Statement by Domestic Stock Corporation  
Articles of Incorporation

I understand that this information may be subject to audit and agree to provide Blue Shield of California with any and all information and documentation necessary to substantiate the above statements. I also understand that any misrepresentation by me of my true circumstances may result in rescission of group health coverage from Blue Shield of California for myself, my enrolled dependents and/or this company.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>Groups with less than 5 employees enrolled must provide proof of eligibility for each owner as requested by Small Group Underwriting.</b>
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