Small Group Eligibility Statement

Company Owner/Officer (please print)	
Company name	Percentage of ownership in firm*

Please indicate your organization type:

☐ Sole Proprietor ☐ Corporation ☐ Limited Liability Company ☐ Partnership ☐ Limited Partnership ☐ Limited Liability Partnership ☐ Other: _____

If you are a shareholder, member, officer or have an ownership stake in a corporation or Limited Liability Company (LLC)/Limited Liability Partnership (LLP) and are not listed on the Quarterly State Tax Withholding Report, please complete this form to establish your relationship to the company referenced above.

1. I attest that, although my name does not appear on the Quarterly State Tax Withholding Report of the above-named company, the following is true:

a. I am a shareholder, member, officer or have an ownership stake in the above-named corporation or LLC/LLP.

☐ An average of 30 hours per week over the course of a month on a permanent and full time basis or

☐ At least 20 hours but not more than 29 hours per week on a permanent basis for at least 50 percent of the weeks in the previous calendar quarter

b. I am actively at work at this company working.

c. I draw monetary compensation from this company on a regular basis.

d. I do not derive substantial earned income from any other employer and am not eligible for other employer-sponsored coverage.

2. I will provide additional ownership/business validation documentation, including the appropriate IRS forms, as requested.

3. If my eligibility is required to meet the minimum group size to qualify for Small Group business coverage as it relates to the above-named company, **I attest I am an employee under the common-law standard and I am not:** (a) an individual that wholly owns the above named company on his/her own or with his/her Spouse/Domestic Partner; (b) the spouse of a sole proprietor; (c) a partner of a partnership or their spouse; (d) a 2 percent S corporation shareholder; (e) a worker described in Section 3508 of Title 26, Internal Revenue Code; or (f) a leased employee (as defined in 26 U.S.C. § 414(n)(2).

Additional attestation for owner of multiple entities:

If I am an owner of multiple entities, I have designated this entity as the sole entity for which I am eligible as an owner for Anthem Blue Cross (Anthem) coverage.

I understand this information may be subject to audit and agree to provide Anthem, or its affiliates, with any and all information and documentation necessary to prove the above statements. I also understand that any misrepresentation by me of my true circumstances may result in termination of group health coverage from Anthem, or its affiliates, Small Group Health Plan for myself, my enrolled dependents and/or this company as Anthem, or its affiliates, may choose. Anthem, or its affiliates, also expressly reserve any other rights and remedies.

Signature	Date

*If the percentage of ownership is zero, the enrollee must appear on the Quarterly State Tax Withholding Report.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.