

ELIGIBILITY STATEMENT

Corporate Officer

Section A Company Information

Corporate Officer Name

Company Name

Company ID

Company Phone

Street Address

City

County

State

ZIP

Section B Eligibility Attestation

I attest that, although my name may not be listed on the DE-9C wage report for the above-named company, the following is true:

1. I am a corporate officer in the above-named company.
2. I actively work for the above-named company on a permanent basis with a normal work week of (select one):
20 to 29 hours
30 or more hours
3. I draw wages, dividends or other distributions from the above-named company on at least a monthly basis.
4. I am not eligible for group health coverage from any other employment.
5. I will have satisfied the designated waiting period before coverage becomes effective, if applicable.

Section C Documentation

The above-named corporate officer must appear on the following applicable documents (select one):

Articles of Incorporation

Statement of Information

Schedule K-1 1120S (for S Corp)

Tax Form 1120 (pages 1 and 2) with Schedule 1125e (for C Corp)

Sutter Health Plus reserves the right to ask for additional documentation as circumstances warrant.

Section D Signature

I understand that this information may be subject to verification and agree to provide Sutter Health Plus with all information necessary to prove the above statements. I also understand that failure to meet the above conditions may affect eligibility for coverage.

Name of Corporate Officer (please print)

Title (please print)

Signature of Corporate Officer

Date

Groups with less than 5 employees enrolled must provide proof of eligibility for each corporate officer as requested.

Fax or email completed form to:

Fax: 916-736-5418

Email: shpsales@sutterhealth.org