



## SMALL EMPLOYER (2-50) PROOF OF ELIGIBILITY FORM

**For Sole Proprietors, Partners, or Corporate Officers**  
(To be used for eligible employees that are not reported on a quarterly wage and tax form.)

Please Print:

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:**      **Small Employer Requirements for Proof of Eligibility:**  
(Anyone enrolling must appear on the following documents)

- SOLE PROPRIETOR** ..... Submit one of the following documents:  
State Business License, **or**  
Fictitious Business Name Filing, **AND**  
Latest Filed Schedule C or F
- PARTNER** ..... Submit one of the following documents:  
Partnership Agreement, **or**  
Latest Filed Schedule E or K-1
- CORPORATE OFFICER** ..... Submit one of the following documents:  
Statement by Domestic Stock Corporation, **or**  
Articles of Incorporation, **AND**  
Certification of Qualification (if incorporated in a different state)

I attest that while I am not listed on the state's quarterly wage and tax form 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;** 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.

I understand this information may be subject to audit and agree to provide Aetna US Healthcare® (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 myself, my enrolled dependents, and/or this company as Aetna, and/or its affiliates, may choose. Aetna, and/or its affiliates, also expressly reserves any other rights and remedies.

**Employee**  
**Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_