

OWNER, PARTNER, OFFICER OR SOLE PROPRIETOR VERIFICATION FORM

(If not listed on the Quarterly Wage Report)

I attest that, although I am not listed on the Quarterly Wage Report of the below-named company, the following conditions are true:

1. I am an owner, partner, officer or sole proprietor;
2. I am actively at work at the below-named company;
3. I draw wages, dividends or other distributions from the below named company on at least a monthly basis and do not derive substantial earned income from any other employment;
4. I work on a permanent, full-time basis for the below-named company _____ hours per week
5. I have satisfied the designated waiting period.

I understand that this information may be subject to audit and agree to provide PacifiCare with information necessary to prove the above statements. I understand that failure to meet may result in rejection or non-renewal of group health coverage from PacifiCare for the below-named company. I understand that this document is being accepted by PacifiCare in-lieu of the federal tax forms for an owner, partner, officer or sole proprietor partnership.

Company Name	
Owner, Partner, Officer or Sole Proprietor Signature	Date
Owner, Partner, Officer or Sole Proprietor Name	Title
Employer's Authorized Representative or Broker Signature	Date
Employer's Authorized Representative or Broker Name	Title