

Independent Contractor Attestation

It is possible for an Independent Contractor paid by 1099 Form to be considered eligible for your Healthfirst health plan. It is your choice as the employer whether to consider these individuals as eligible for coverage. Should you choose to include these individuals in your group health plan, Healthfirst requires that you and the Independent Contractor(s) meet all of the following guidelines, in addition to the requirements found in the Healthfirst participation and eligibility requirements for Healthfirst's small group EPO plans.

1. The employees paid by 1099 must work for your company on a full-time (as defined by group's state), year-round basis, and the work must be an integral part of the business.
2. The relationship between you (the employer) and the worker is permanent and/or indefinite.
3. The independent contractor relationship has been established to serve a substantial business need of the employer and is not intended primarily to obtain insurance coverage.
4. You, the employer, have the right to control the details of how and when the worker's services are performed.
5. You, the employer, provide other types of employee benefits to the worker, such as a pension plan, other insurance, vacation or overtime pay.
6. These 1099 independent contractor work a minimum of 20 hrs per week for the employer.
7. You, the employer, agree to contribute the same amount of money toward the premium as you would for your regular, taxed employees.
8. You, the employer, agree to require the same waiting period for Independent Contractors as for your regular, taxed employees.
9. You, the employer, agree to extend the coverage offering to all Independent Contractors who meet these qualifications, including those you may hire in the future.

If you and your employer group meet all of the above requirements, you may consider your employees that are being paid via an IRS 1099 form eligible for your group health plan. Please list below all individuals who meet these qualifications.

| Name | Social Security Number | Date of Hire |
|------|------------------------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |

I agree to the above qualifying conditions to consider Independent Contractor or Commissioned employees eligible for the group health plan sponsored by my company, and attest to the accuracy and completeness of the information given here. Any misrepresentation or fraudulent statement may result in rescission of the group policy, termination of coverage, an increase in premiums retroactive to the policy date, or other consequences as permitted by law.

Signature of Owner

Date

Group #: _____