



## SOLE PROPRIETOR, PARTNER, OR CORPORATE OFFICER STATEMENT

Small Group requirements for proof of eligibility when no DE-6 available or if not listed on DE-6

**\*\*\* Anyone enrolling must appear on the following documents \*\*\***

✓ CHECK AND SUBMIT THE FOLLOWING:

- SOLE PROPRIETOR** . . . . . Submit the following documents:  
California Business License, **or**  
Fictitious Business Filing, **and**  
Current Schedule C
  
- PARTNER** . . . . . Submit the following documents:  
Notarized Partnership Agreement, **and**  
California Business License or Fictitious Business Filing, **and**  
Current Schedule K
  
- CORPORATE OFFICER** . . . . . Submit the following documents:  
Corporation Tax Documents (Schedule K-1 for each officer or Form 1120 with Schedule E).  
\*Other legal documentation may be requested

PLEASE PRINT

Name	Phone No. (       )
Title	Percentage of Ownership in Firm %
Company Name	
Address	
City / State / ZIP Code	

I attest that while I am not listed on the DE-6 wage report of this company, all of the following conditions are true:

1. I am a sole proprietor, partner or corporation officer of the company name indicated below; and
2. I am actively at work at this company; 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 work for this company on a permanent and full-time basis; and
5. 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 Sharp Health Plan, 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 rescission of group health coverage by Sharp Health Plan. By voluntarily signing, I acknowledge that I have read and understand the aforementioned statements.

Signature: X Date: \_\_\_\_\_