



EMPLOYER'S PARTICIPATION STATEMENT/  
EMPLOYEE CENSUS

REQUIRED DOCUMENTATION

All applicant groups have the burden of proof of their eligibility as a bona fide business and the eligibility of all of their employees.

To qualify as a bona fide business, a small group must be actively engaged in a business and have a taxable income. A group must submit documentation that demonstrates that all applicants meet the required minimum number of hours worked per week to be classified as "full-time" employees. Verification of the number of employees for participation requirements is also required.

A most recent state quarterly wage and tax statement will provide us with all the documentation needed: **taxable income, number of hours worked per week and verification of participation.**

OWNERS/NEW HIRES

Only employees working 30 hours or more per week who do not appear on the state quarterly wage and tax statement, including owners and new hires, must be indicated on this form.

SOLE PROPRIETORS/PARTNERSHIPS AND SUB-CHAPTER S CORPORATIONS

In certain instances where the small employer is a sole proprietor or a partner, there may not be a state quarterly wage and tax filed. In these circumstances, we will require payroll records, a UW67 and the following:

- a) A schedule C, E, F or K of the most current IRS tax return
- b) The most current IRS tax form 1065 (for partnership income) and a scheduled K-1 for each partner.
- c) The most current IRS tax form 1099 (for independent contractors)

**The Underwriting Department retains the right to determine eligibility and request additional documentation as deemed necessary.**

Legal name of company \_\_\_\_\_

I confirm that this listing or **attachment** represents all current employees. **Also included in this list** are any former or inactive employees, who are covered under our current health insurance plan through any continuation or extension of benefits.

	EMPLOYEE'S NAME	SOCIAL SECURITY NO.	HIRE DATE (M/D/Y)	STATUS*	NO. OF HOURS WORKED/WEEK
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____

\*STATUS CODES

- FT = full-time employee, as defined by law
- PT = part-time
- S = seasonal/temporary
- 1099 = 1099 Employee

- CO = COBRA/continuation (include termination date)
- DI = disabled (include date of disability)
- LOA = leave of absence (include leave date and return date)

I hereby represent that I have verified our employee records and that the above information is complete and accurate to the best of my knowledge and belief. I understand that these representations will be used in evaluating our company's eligibility to participate in the insurance coverage offered through Starmark. I further understand that omissions, misrepresentations, or misstatements could result in claim denial or rescission of insurance. Starmark reserves the right to request documents including wage and tax statements to verify participation and eligibility.

Signature of Company Officer \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_