

**Small Group requirements for proof of eligibility for Sole Proprietors, Partners, Corporate Officers and LLC Managers/members when no DE-6 is available or if not listed on DE-6.**

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, corporate officer or LLC manager/member of the company name indicated below; *and*
2. I am actively at work at this company working a minimum of 20 hours per week on a permanent and full-time basis; *and*
3. I draw wages, dividends or other distributions from this company on a regular basis; *and*
4. I do not derive substantial earned income from any other employer and am not eligible for other employer-sponsored coverage; *and*
5. I have satisfied the designated waiting period before health insurance coverage is to become effective.

Additional attestation for owner of multiple entities:

I am an owner of multiple entities and I have designated this entity as the sole entity for which I am eligible as an owner for Anthem Blue Cross coverage.

Name (please print)	Title
Company name	Percentage of ownership in firm*

\* If the percentage of ownership is zero, the enrollee must appear on the DE-6.

**SMALL GROUP REQUIREMENTS FOR PROOF OF ELIGIBILITY**

Check the box that applies and submit the document(s) listed below the checked box.

Anyone enrolling must appear on the following documents.

- SOLE PROPRIETOR** – Anthem Blue Cross will recognize only one owner on Sole Proprietorships.  
*Current Schedule C* (If not available due to the length of time in business or an extension to file, a *California Business License* or *Fictitious Business Name* filing may be substituted.)
- CORPORATE OFFICER**  
*Statement of Information* (A current *C-Corp Form 1120* or *S-Corp Schedule K-1* or *1120S*, listing the names of all officers, may be substituted.)  
*Statement of Foreign Corporation* (For out-of-state corporations)
- PARTNER**  
*Current Schedule K-1* (If not available due to the length of time in business or an extension to file, a *Partnership Agreement* and Federal Tax ID appointment letter may be substituted.) *The limited partners in a limited partnership are not eligible for coverage unless they are also employees appearing on the DE-6.*
- LIMITED LIABILITY COMPANY (LLC) MEMBER**  
*Current Schedule K-1* (If not available due to the length of time in business or an extension to file, a *Statement of Information* or *Articles of Organization* with *Operating Agreement* may be substituted.)

I understand this information may be subject to audit and agree to provide Anthem Blue Cross, or its affiliates, 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 from Anthem Blue Cross, or its affiliates, Small Group Health Plan for myself, my enrolled dependents and/or this company as Anthem Blue Cross, or its affiliates, may choose. Anthem Blue Cross, or its affiliates, also expressly reserve any other rights and remedies.

Signature <b>X</b>	Date
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