

## **DECLARATION OF ELIGIBILITY FOR SMALL EMPLOYER COVERAGE**

l,		
	Name	Title
of		, ("Company") hereby declare as follows:
	Company	
1.	. I am applying for small employer health of dependents.	coverage with Premera Blue Cross for the Company's eligible employees and their
2.	. I understand that RCW 48.43.005(24) defi	nes a small employer as:
	is actively engaged in business that, on a more than fifty eligible employees, with this state, and is not formed primarily for relationship exists. In determining the no	ship, association, political subdivision except school districts, or self-employed individual that t least fifty percent of its working days during the preceding calendar quarter, employed no a normal work week of thirty or more hours, the majority of whom were employed within r purpose of buying health insurance and in which a bona fide employer-employee umber of eligible employees, companies that are affiliated companies, or that are eligible to of taxation by the state, shall be considered an employer.
	or her income from a trade or business th	a self-employed individual or sole proprietor who derives at least seventy five percent of his prough which the individual or sole proprietor has attempted to earn taxable income and for a Internal Revenue Service form 1040 Schedule C or F, for the previous taxable year.
3.	. I hereby confirm that Company meets the	e definition of a small employer as set forth above.
4.	percent of my income was from a trade of	etor, I further confirm that I am actively engaged in business and that at least seventy five or business for which I have attempted to earn taxable income. I further confirm that I have ervice forms 1040 Schedule C or F for the previous taxable year.
5.	health coverage. I further understand th or materially misleading statements cont event of such retroactive cancellation, al providers for services rendered on behalt	is inaccurate or materially misleading, Company may not be eligible for small employer nat in the event Premera Blue Cross determines coverage was issued on the basis of inaccurate tained herein, such coverage may be retroactively cancelled to the date of issuance. In the I subscription payments made by Company shall be refunded, and all payments made to f of employees and their covered dependents shall be recovered from such providers, and all ome the sole responsibility of the employees and/or the Company.
	I hereby declare that the foregoing is tru of Washington.	e and correct. This Declaration is made under the penalty of perjury of the laws of the State
	Dated thisday of	:, ,
	Signed at:, Wash	nington.
	Name	