

**ATTENTION: MUST BE OWNER IF PAYING BY BUSINESS CHECK
IN THE FOLLOWING STATES: FL, GA, KS, MI, NC, OK, TN, VA, and WI**

Confirmation of Sole Employee Entity

Name of Applicant (please print): _____
Last First

Name of Business: _____

The purpose of this form is to obtain your confirmation that you are not using this coverage to provide an employee health plan to your employees. The coverage you are purchasing is not designed to serve as an employer-sponsored health plan and does not contain all the requirements that an employer-sponsored health plan is required to meet. You may not use this coverage to provide an employer-sponsored health plan for your employees.

I am the Owner of the business named above and I certify the following:

1. I plan to pay premiums for my personal health insurance with a check drawn on my business bank account.
2. I understand that the coverage for which I am applying is a personal health insurance plan for myself and/or my family and that this plan cannot be used when an employer is purchasing health insurance for an employee.
3. I understand that the health insurance for which I am applying is not an employer health insurance plan as defined by state and/or federal law
4. I will not use the insurance plan as part of an employee welfare plan or program within the meaning or purpose of Internal Revenue Code Section 105, Section 106, Section 125 or Section 162 [other than 162(L)].
5. I understand that the Insurance Company reserves the right to refuse premiums paid with a check from a business bank account for health insurance owned by individuals if evidence is found contrary to any of the above information.

Applicant's Signature: _____ Date Signed: ____/____/20____