

(If not listed on DE 6)

To establish the relationship between proprietors, partners, and/or corporate officers to the below-referenced company, please complete and return this form.

I attest that, although my name does not appear on the DE 6 wage report of the below-named company, the following conditions are true:

1. I am a sole proprietor, partner of a partnership, or corporate officer.
2. I actively work at the below-named company.
3. I draw wages, dividends, or other distributions from the below-named company on at least a monthly basis and am not eligible for group health coverage from any other employment.
4. I work on a permanent, full-time basis for the below-named company for at least 20 hours per week.
5. I satisfied the designated waiting period before coverage becomes effective.
6. I must provide, upon request from Kaiser Permanente, a copy of my company's fictitious name statement, DBA, legal partnership agreement and Schedule K, Articles of Incorporation, Schedule C, current business license, or current professional license.

I understand that this information may be subject to verification and agree to provide Kaiser Foundation Health Plan, Inc., with any information necessary to do so. I also understand that failure to meet the above conditions may result in denial or termination of group health coverage from Kaiser Foundation Health Plan, Inc., for the below-named company.

X

Proprietor, Partner, or
Corporate Officer's Signature

Print Proprietor, Partner, or Corporate Officer's Name

Title

Date

Company Name

X

Proprietor, Partner, or
Corporate Officer's Signature

Print Proprietor, Partner, or Corporate Officer's Name

Title

Date

Company Name