


# Corporate Officer / Proprietor / Partner Verification Statement

For business owners, officers, proprietors and partners enrolling in coverage who are not on the business's tax documents

This form must be completed and signed by you, the business owner, officer, proprietor or partner. The information you provide will be used to verify your affiliation with the business and determine your eligibility for coverage.

| Section I: Identifying information  |  |                                       |
|---|--|---------------------------------------|
| Full name   | Title  |                                       |
| Business name   | Telephone number   | State of incorporation                |
| Section II: Eligibility attestation   |  |                                       |
| <p>I attest that, although my name does not appear on the tax documents of the above-named company, the following is true:</p> <ul style="list-style-type: none"> <li>• I am a manager/member, partner, officer or sole proprietor of the above-named company.</li> <li>• I actively work at this company on a permanent basis and work at least 30 hours per week.</li> <li>• I draw wages, dividends, or other distributions from this company on a regular basis.</li> <li>• I do not derive substantial earned income from any other employer and am not eligible for other employer-sponsored coverage as a subscriber.</li> <li>• I will provide additional ownership/business validation documentation, including IRS forms, as requested.</li> </ul>                                    |  |                                       |
| Section III: Signature  |  |                                       |
| <p>By signing this form, I acknowledge that this information may be subject to verification. I agree to provide Cigna Administered by Oscar 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 for the above-named company. I understand that, under state insurance law, any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may also be subject to a civil penalty.</p> |  |                                       |
| Signature<br>  | <div style="border: 1px solid red; border-radius: 15px; padding: 2px 10px; display: inline-block;">Sign here</div> | Printed name<br><br>Date (mm/dd/yyyy) |

**Insured by Cigna Health and Life Insurance Company.**

Insurance benefits administered by Oscar Management, a third party administrator. Cigna insurance coverage contains exclusions and limitations. For complete details on product availability and coverage, please refer to your plan documents or member ID card.