

## PEO/ELC Employer Questionnaire

An officer of the employer (not the Professional Employer Organization (PEO) or Employee Leasing Company (ELC)) must complete and sign the application for coverage. Some employers/plan sponsors may find it helpful to consult with legal counsel for completion, comprehension and agreement with the statements on this form.

*The total number of eligible employees (leased and non-leased) will be used to determine if the group qualifies as a small employer under federal and state law.*

<b>Company/Client Name</b>
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<b>PEO Name</b>
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1. The Employer/Client and their co-employees are eligible to file a Wage and Tax /Payroll document specific to their Group.

Yes      No

2. As the employer, I have the sole authority to control the working hours, hiring, training and discharging of these individuals.

Yes      No

3. All leased employees will be considered eligible for coverage on the same basis as non-leased employees.

Yes      No

4. UnitedHealthcare will be the sole provider of health insurance for all eligible employees (leased and non-leased).

Yes      No      No Leased Employees

5. Are the Employer/Client and their co-employees eligible for health benefits under the PEO or ELC?

Yes      No

6. If applicable, is the PEO or ELC the policyholder?

Yes      No

7. Does your contract with the PEO or ELC permit you to obtain coverage for your co-employees outside of the PEO or ELC?

Yes      No

### Employer Certification

*I represent that the information I have provided is accurate and truthful. I understand that any misrepresentation or fraudulent statement may result in rescission of the group policy, termination of coverage, an increase in premiums retroactive to the policy date, or other consequences as permitted by law.*

Employer Name (Print)	Title/Position
Employer signature	Date