

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

Confirmation of Sole Employee Entity

Name of Applicant (please print): _____
Last First

Name of Business: _____

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 and the insurance plan will not be treated as a part of 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)].
4. I understand that if I am the owner of a corporation or entity other than as a sole proprietor, I attest that I do not have employees, other than myself.
5. I understand that if I am the owner of a corporation or entity other than as a sole proprietor, I can use business checks to pay my personal premiums only while I have no other employees. I also understand that if I add an employee I can not use business checks to pay premiums for my personal health insurance and agree to immediately cease paying for my personal health insurance with a business check.
6. 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: X _____ Date Signed: ____/____/20____