

**SOLE PROPRIETOR OR PARTNERSHIP STATEMENT  
IF NOT LISTED ON DE6**

**IMPORTANT:**

- 1. If you are a sole proprietor, attach your most recent Schedule C tax form to this signed statement.**
- 2. If this is a partnership or a Sub Chapter S Corporation, attach your most recent K-1 tax form to this signed statement.**

I attest that while I am not listed on the DE6 wage report of this company (the employer), I meet the conditions listed under either Category A **or** Category B, below.

*Please circle the letter of the category under which you qualify as an employee*

- A.** I am a permanent employee who is actively engaged on a full-time basis in the conduct of the business of the employer with a normal workweek of at least 30 hours at the employer's regular places of business and I have met any applicable waiting period requirements.

**OR**

- B.** I meet **all four** of the following conditions:

1. I am a permanent employee who is actively engaged on a full-time basis in the conduct of the business of the employer with a normal workweek of at least 20 hours at the employer's regular place(s) of business and I have met any applicable waiting period requirements.
2. The employer offers the employees health coverage under a health benefit plan.
3. All similarly situated individuals in the company are offered coverage under the health benefit plan.
4. I have worked at least 20 hours per normal workweek for at least 50 percent of the weeks in the previous calendar quarter. (Universal Care may request documentation of the hours and time period in which you worked during the pervious quarter including, but not limited to, payroll records and employee wage and tax filings.)

Universal Care will rely upon the application information for rejecting or contracting with the applicant, and the discovery of additional material facts, known by the applicant but not disclosed herein, may result in the recession or modification of any contract entered into.

_____ <b>Proprietor or Partner's Signature</b>	_____ <b>Date</b>
_____ Proprietor or Partner's Name (Please Print)	_____ Proprietor or Partner's Title
_____ Company Name	_____ % of Ownership in Firm
_____ <b>Employer's Signature</b>	_____ <b>Date</b>
_____ Employer's Name (Please Print)	_____ Employer's Title