

Proprietor or Partners Statement



Attn: Sales Department LC05-239
PacifiCare Dental & Vision Administrators
3110 Lake Center Drive
Santa Ana, California 92704
Tel 800-516-4680
Fax 714-513-6381

I attest that, although I am not listed on the DE-6 wage report of the below named company, the following conditions are true.

1. I am sole proprietor or partner of a partnership;
2. I am actively at 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 do not derive substantial earned income from any other employment;
4. I work on a permanent, full-time basis for the below named company at least 30 hours per week;
5. I have satisfied the designated waiting period before dental insurance coverage is to become effective.

I understand that this information may be subject to audit and agree to provide PacifiCare Dental with information necessary to prove the above statements. I also understand that failure to meet the above conditions may result in rejection or non-renewal of group coverage from PacifiCare Dental for the below named company.

Proprietor or Partner Signature *Date*

Print Proprietor's or Partner's Name *Title*

Company

Signature of Employer's Authorized Representative *Date*

Print Name of Employer's Authorized Representative *Title*