

AFFIDAVIT FOR OWNER/EMPLOYEE NOT ON PAYROLL

THIS INSTRUMENT HEREBY ACKNOWLEDGES that the undersigned, _____, ("affiant"),
[name]
residing at _____, is of legal age, and does hereby swear and affirm that
[address, city, and state]
the following is true and accurate, to the best of [his/her] knowledge, under penalty of perjury:

I am an eligible employee of _____, according to the definition of an eligible employee put forth in Rhode Island Small Group Law 27-50(m): "Eligible employee" means an employee who works on a full-time basis with a normal work week of thirty (30) or more hours, except that at the employer's sole discretion, the term shall also include an employee who works on a full-time basis with a normal work week of anywhere between at least seventeen and one-half (17.5) and thirty (30) hours, so long as this eligibility criterion is applied uniformly among all of the employer's employees and without regard to any health status-related factor. The term includes a self-employed individual, a sole proprietor, a partner of a partnership, and may include an independent contractor, if the self-employed individual, sole proprietor, partner, or independent contractor is included as an employee under a health benefit plan of a small employer, but does not include an employee who works on a temporary or substitute basis or who works less than seventeen and one-half (17.5) hours per week. Any retiree under contract with any independently incorporated fire district is also included in the definition of eligible employee. Persons covered under a health benefit plan pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1986 shall not be considered "eligible employees" for purposes of minimum participation requirements pursuant to section 27-50-7(d)(9).

I also certify that I do not currently appear on a formal payroll document, or a RI Quarterly Tax and Wage Report. Upon the end of the tax year, I will be able to justify my wages by submitting the following tax documentation:

- Schedule C – Profit or Loss From Business
- Schedule F – Profit or Loss From Farming
- 1099 – Miscellaneous Income
- 1065K1 – Partners Share of Income
- 1120 – Corporation Income Tax Return

I further understand that misrepresenting myself as an eligible employee of said company for the purposes of obtaining health insurance will be treated as fraud and will give Blue Cross the right to void my insurance contract.

Signed this _____ day of _____, _____.
[day] [month] [year]

Print Name of Affiant

Signature of Affiant

Address

STATE OF _____

COUNTY OF _____

In _____, on the _____ day of _____, 20____, before me, a Notary Public in and for the above state and county, personally appeared _____, known to me or proved to be the person named in and who executed the foregoing instrument, and being first duly sworn, such person acknowledged that he or she executed said instrument for the purposes therein contained as his or her free and voluntary act and deed.

Type of ID Produced: _____

Affiant ___ is ___ is not personally known to me.

NOTARY PUBLIC

My Commission

Expires: _____

(SEAL)