



**Small Group Underwriting  
1099 Contractor Verification Form**

<b>Business Name:</b>	
<b>Group/Control or Tracking Number:</b>	
<b>Date:</b>	

It is possible for an Independent Contractor paid by 1099 Form to be considered eligible for your Aetna group health plan. It is your choice as the employer to consider these individuals to be eligible for coverage. Should you choose to include these individuals in your group health plan, Aetna requires you and the Independent Contractor to meet the following guidelines:

1. You, the employer, agree to contribute the same amount of money toward the premium as you would for your regular, taxed, employees.
2. You, the employer, agree to require the same waiting period for Independent Contractors as for your regular, taxed, employees.
3. You, the employer, agree to extend the coverage offering to all Independent Contractors who meet these qualifications, including those you may hire in the future.
4. You, the employer, cannot count an independent contractor as an employee to meet minimum group size requirements and must qualify for that legal status without the independent contractor.
5. The 1099 Independent Contractor must work for your company. Attach a copy of all 1099 Independent Contractors most current 1099 Misc. Form or 1040SE. If not available, please provide a copy of the last month's payroll records or other documentation showing that each Independent Contractor works for your company.

If you agree to meet all of the above requirements, you may consider your Independent Contractors eligible for your group health plan. Please list below all individuals who meet these qualifications.

<b>Name</b>	<b>Social Security Number</b>	<b>Most Recent Date Worked</b>

I agree to the above qualifying conditions to consider Independent Contractors eligible for the group health plan sponsored by my company, and attest to the accuracy and completeness of the information provided.

I understand that misstatements or misrepresentations may result in insurance coverage being void as of the effective date with no benefits payable. I authorize Aetna to review payroll and employment records (e.g. front page of a 1040 tax return, IRS Form SS-8) and interview individuals at any time while covered under the above group plan to verify the accuracy of the above.

<b>Employer's Signature:</b>		<b>Date:</b>	
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