



Underwriting Requirement AFFIDAVIT

This Affidavit must be completed in the absence of an Unemployment Compensation and Payroll report.

I, _____, being first duly sworn, depose and say for the purposes of obtaining insurance
(Name of Group Official)

Coverage with Highmark that:

1. I am _____ for _____ (Group). I am authorized as a
(Title) (Name of Group)
representative of this Group and have full power and Authority to act on behalf of the Group and legally bind it.

2. Is the Group duly organized, located and licensed to conduct business in the Highmark licensed service area? Yes No

If so, please list the inception date of the business and type of business entity you are (i.e., S-Corporation, C-Corporation, LLC, Partnership, Sole Proprietorship, Non-Profit, etc.) _____
(Inception Date) (Type of Business)

3. I understand and agree that Highmark Compliance procedures allow for audit which include, but are not limited to, obtaining payroll records, tax documents and other information to determine participation and eligibility requirements. Yes No

4. Was this Group organized or created for the purpose of obtaining Group health insurance? Yes No

5. Are all Group members who are applying for insurance coverage Full-time employees of the Group, drawing regular paychecks and having their compensation reported by the Group to the IRS? Yes No

6. Is the Group providing Workers' Compensation coverage for all Group members who are applying for Insurance coverage, except those exempt by state law? Yes No

Do you file an Unemployment Compensation report with the correct departments in the states that you have employees? Yes No

If yes, please list the Unemployment Compensation report you will be submitting to Highmark _____
(Quarter, Year)

This information will be required following enrollment of your group to reconcile our files, if applicable.

If you are not required to file an Unemployment Compensation report, please list reason. _____
(W2, 1099, etc)

7. How are your employees' compensation reported? _____

8. To be considered eligible for Group coverage, employees must work the following minimum number of hours per week: _____
(Hours)

9. Please list below all of your employees (including part-time) as of the Group's effective date.

Employee Name	Job Title	Date of Hire	Average Hours Worked Per Week	Application Enclosed for Enrollment (Yes/No)	How is Compensation Reported? (W-2, *1099, etc.)
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

***Only Delaware businesses are eligible to insure their 1099's if they so choose. No other states may insure 1099 independent contractors.**

10. I understand and acknowledge that I am familiar with the Underwriting Regulations for Highmark Group membership and that any insurance coverage for my Group is subject to compliance of said Regulations.
11. I understand and acknowledge that Highmark has the right to void insurance coverage for the Group and/or any Group member, as applicable, should any of the above information be found to be false. Highmark may also void coverage for the Group and/or Group members, as applicable, should the Group and/or Group members engage in fraudulent conduct, deception or misrepresentation relating to any application, coverage, any claim or any usage of a Highmark identification card.
12. I understand the contents of this Affidavit and further represent that the information stated above is true and accurate, that it may be relied upon by Highmark, and that I will promptly notify Highmark of any changes in the eligibility enrolled through this Group.
13. The Group hereby acknowledges that it is contractually obligated under this Affidavit and underlying terms and this Affidavit will be incorporated as part of the Master Group Contract, if issued, by reference.

PLEASE DO NOT CANCEL YOUR CURRENT COVERAGE UNTIL YOU HAVE RECEIVED WRITTEN ACCEPTANCE FROM HIGHMARK.

By entering your name on the signature line below, you understand that you are creating an electronic signature which has the same effect as a written signature, and you are representing that you have reviewed and submitted this form accordingly.

(Authorization Representative Signature)

(Date)