



## Underwriting Requirement NEW EMPLOYEE AFFIDAVIT

**This Affidavit must be completed for new employee(s) in the absence of a Payroll report.**

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

Coverage with Highmark that:

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.

1. Are the new employee(s) who are applying for insurance coverage from Highmark full-time employees of the Group, drawing regular paychecks and having their compensation reported by the Group to the IRS?  Yes  No
2. Will the new employee(s) appear on the next the Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return and Attachment (NYS-45 & NYS-45-ATT)?  Yes  No

If the new employee is exempt from the appearing on the UC Report, please list reason.

\_\_\_\_\_

Please list your Payroll Schedule and the next time that data will be available for submission to Highmark  
\_\_\_\_\_ (Weekly, Bi-Weekly, Monthly/Date)

3. Please list below all new employee(s) as of the Group's effective date that do not currently appear on a payroll report or the Quarterly Combined Withholding, Wage Reporting, And Unemployment Insurance Return and Attachment (NYS-45 & NYS-45-ATT).

| Employee Name | Job Title | Date of Hire | Average Hours Worked Per Week | Application Enclosed for Enrollment (Yes/No)             | How is Compensation Reported? (W-2, 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 |   |

4. 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.
5. I understand and acknowledge that Highmark agrees to provide coverage to any new employee starting on the requested effective date provided the required payroll report is submitted. If that payroll report is not submitted or if the information set forth in this Affidavit is later found to be false, the Group agrees that a full and complete application for coverage has not been made in which case no coverage will be provided as of the requested coverage effective date. Furthermore, Highmark may also void coverage for Group members, as applicable, should the Group and/or Group members engage in any fraudulent conduct, deception or misrepresentation relating to any application, coverage, any claim or any usage of a Highmark identification card.
6. 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.
7. 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.

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.

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(Authorization Representative Signature)

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(Date)

NOTE: This form is required to be completed by the Group in connection with proposed enrollment of any new employee in to coverage if a Payroll Report has not been submitted.