To be used for validation for 1099 workers that have not yet received a 1099 form for wages received for the prior calendar year

I, _____, confirm that _____, employs _____, full time 1099 (# of 1099 EE's) full time 1099

workers. All of whom are listed on the following page(s.)

I certify that all 1099 workers have been offered coverage.

I also certify the workers listed on the following page(s) are full time and are earning compensation equal to a minimum of the Federal minimum wages for 30 or more hours per week.

I agree that Kaiser Foundation Health Plan of Georgia, Inc. may perform an audit of this information at any time upon request. If any of this information is fraudulent or misrepresented, by the company, one of its representatives, or any person listed on the following page(s), coverage may be voided.

Signature of Owner, Partner, Officer

Date Signed

Signature of Broker

Date Signed

1099 workers will <u>not</u> be considered for coverage under the plan unless one of the following apply;

- 1) The group has a minimum of two (2) full time employees listed on their Georgia Tax and Wage Report (GA DOL-4) earning compensation equal to a minimum of the Federal Minimum Wage for 30 or more hours per week and enrolling in the plan; or
- 2) One (1) owner (with tax verification that the owner participated in the business) and one (1) full time employee listed on the Georgia Tax and Wage report (GA DOL-4) earning compensation equal to a minimum of the Federal Minimum Wage for 30 or more hours per week and enrolling in the plan.

NOTE:

For the purpose of allowing 1099 workers to enroll under the plan, husband and wife owned companies in which both are applying for coverage, will be considered 1 employee unless both are full time employees and listed on the Georgia Tax and Wage Report earning compensation of at least the Federal Minimum Wage for 30 or more hours per week and both are applying for coverage under separate application.

If the above applies, no more than 50% of the employees enrolled for coverage under the plan can be 1099 employees.

Worker Name	SSN	DOH	Hrs Worked Per Week

Worker Name	SSN	DOH	Hrs Worked Per Week

Worker Name	SSN	DOH	Hrs Worked Per Week

Worker Name	SSN	DOH	Hrs Worked Per Week