

# Independent Contractor Attestation

## Requirements

Independent contractors paid by 1099 may be considered eligible for coverage of Cigna + Oscar plans at the option of the employer. If the employer opts to provide coverage to 1099s, we and the IRS require the employer and the independent contractor(s) to meet the following guidelines as well as our eligibility requirements. Use the following checklist to ensure:

- The employees paid by 1099 must work for the employer on a full-time, year round basis, and the work must be an integral part of the business.
- The relationship between the employer and the worker is permanent and/or indefinite.
- The employer invests more money in the work to perform the service than the worker does.
- The employer controls or has the right to control the details of how and when the worker's services are performed.
- The employer controls business aspects of the worker's job, including but not limited to: how the worker is paid, whether expenses are reimbursed, and who provides tools or supplies.
- The employer provides other types of employee benefits to the worker, such as a pension plan, other insurance, or vacation or overtime pay.
- The employer agrees to contribute the same amount of money toward the premium for 1099 employees as for regular employees.
- The employer agrees to extend the coverage offering to all independent contractors who meet these qualifications, including any hired in the future.

If all of the above requirements are met, employees that are being paid via an IRS 1099 may be considered eligible for the employer's group health plan. List on the following document all individuals who meet these qualifications and provide the most recent copy of each worker's 1099 Form (if one has been filed).

## Section A: Independent contractors (for additional space, use the sheet on the next page and attach)

Full name	Social Security Number	Date of hire

## Section B: Signature

I agree to the above qualifying conditions to consider Independent Contractor employees eligible for the employer sponsored group health plan, and attest to the accuracy and completeness of the information given here. Any misrepresentation or fraudulent statement may result in rescission of the group policy, termination of coverage, an increase in premiums retroactive to the policy date, or other consequences as permitted by law.

Authorize signature  X .....  Group name	<div style="text-align: center; border: 1px solid red; border-radius: 10px; padding: 2px; display: inline-block;">Sign here</div>  Date (mm/dd/yyyy)   Business ID
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