

## **INDEPENDENT CONTRACTOR AFFIDAVIT**

*[Funding Advantage Self-Funded Plans]*

**Instructions:** If elected by an employer, an eligible "Independent Contractor" may participate in that employer's group health plan on the same basis as a full-time "Employee". To certify your eligibility as an independent contractor, please:

- A). Confirm that you qualify as an "**Eligible Independent Contractor**", as defined below.
- B). Review, complete and sign this affidavit form.
- C). Submit **both** your enrollment form and your signed affidavit to the agent of record.

**Enrollment Deadlines:** To ensure coverage under the Plan, submit your enrollment form and this affidavit:

- Within thirty-one (31) days of first becoming eligible under the Plan; or
- During the Plan's annual Open Enrollment Period; or
- During any 30-day Special Enrollment Period (following a qualifying event).

**Important Legal Notice:** You are encouraged to consult with the employer before executing and submitting this Affidavit. Depending on applicable law, permitting an independent contractor to participate in an employee benefit plan may cause your business relationship with the employer to be recharacterized as an employment relationship. If this occurs, the employer may be subject to regulatory or legal claims for employment taxes and back wages (including interest/penalties).

### **AFFIDAVIT**

**I, THE UNDERSIGNED, BEING DULY SWORN UPON MY OATH, DECLARE AND CERTIFY:**

1. I qualify as an "**Eligible Independent Contractor**", as follows:
  - I expend my time and energy providing services to the employer;
  - I provide my services to the employer's regular business;
  - I provide my services to the employer on a non-temporary, full-time basis; and
  - I receive compensation from the employer for those services.
2. I am able and willing to provide, upon request, 1099 tax forms (or other documentation) verifying my independent contractor relationship with the employer.
3. I acknowledge that if, at some point in the future, my "**Eligible Independent Contractor**" status no longer meets one (1) or more of the requirements in #1 above, my coverage under the Plan may terminate back to the date of ineligibility (with forfeiture of benefits).
4. I acknowledge that an omission or misrepresentation in this Affidavit, if intentional and material to my enrollment in the Plan, may result in a denial or loss of coverage, now or in the future, including retroactive termination, forfeiture of benefits and liability for damages.
5. The above statements are true and correct to the best of my knowledge and belief and I am mentally competent to execute this Affidavit.

### **Eligible Independent Contractor**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_