



**Plan Sponsor Election Form**

*Funding Advantage Self-Funded Plans*

**Election:** Allows eligible independent contractors ("Eligible Independent Contractors") to participate in the Plan Sponsor's group health plan ("Plan") on the same basis as a full-time "Employee".

**Plan Sponsor:** \_\_\_\_\_

**Plan:** \_\_\_\_\_

**Case #:** \_\_\_\_\_

**Instructions:** To allow "Eligible Independent Contractors" to participate in your Plan, please:

- A. Review the definition of "Eligible Independent Contractor" stated below.
- B. You agree to make the same contribution to premium as for standard W2 employees.
- C. Review, complete and sign this Election Form.
- D. Submit your signed Election to the agent of record.

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

**ELECTION**

**I, THE UNDERSIGNED, CONFIRM THE FOLLOWING ELECTION BY THE PLAN SPONSOR:**

1. Plan Sponsor hereby elects for "Eligible Independent Contractors" to participate in the Plan on the same basis as a full-time "Employee".
2. For purposes of this Election, to qualify as an "Eligible Independent Contractor", an independent contractor must:
  - Expend his/her time and energy providing services to the Plan Sponsor;
  - Provide his/her services to the Plan Sponsor's regular business;
  - Provide his/her services to the Plan Sponsor on a non-temporary, full-time basis; and
  - Receive compensation from the Plan Sponsor for those services.
3. As a condition precedent to participation in the Plan, each independent contractor applying for enrollment must execute the attached Affidavit, verifying that he/she qualifies as an "Eligible Independent Contractor".
4. I acknowledge that if, at some point in the future, the "Eligible Independent Contractor" status of a participant in the Plan no longer meets one (1) or more of the requirements in #2 above, his/her coverage under the Plan may terminate back to the date of ineligibility (with forfeiture of benefits).
5. I acknowledge that an intentional and material omission or misrepresentation in the attached Affidavit, by an independent contractor applying for enrollment in the Plan, may result in a denial or loss of coverage for that independent contractor, now or in the future, including retroactive termination, forfeiture of benefits and liability for damages.
6. I am fully authorized to execute this Election on behalf of the Plan Sponsor.
7. The above statements are true and correct to the best of my knowledge and belief and I am mentally competent to execute this Election.

**PLAN SPONSOR**

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

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

Title: \_\_\_\_\_

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