

PEO Employer Questionnaire



Groups that use a PEO for payroll services only may be eligible for coverage through HealthPass. In order to verify eligibility of your group, please answer the questions below and submit the required documents with your new/renewing group enrollment.

Employer Group Name: _____

HealthPass Group # (if applicable): _____

PEO Name: _____

1. The Employer/Client and their co-employees are eligible to file a Wage and Tax /Payroll document specific to their group.
 Yes No
2. As the employer, I have the sole authority to control the working hours, hiring, training and discharging of these individuals.
 Yes No
3. All leased employees will be considered eligible for coverage on the same basis as non-leased employees.
 Yes No
4. Are the Employer/Client and their co-employees eligible for health benefits under the PEO or ELC, Staff Leasing Co., HR Outsourcing Organization or Administrative Services Organization?
 Yes No
5. If applicable, is the PEO or ELC, Staff Leasing Co., HR Outsourcing Organization or Administrative Services Organization the policyholder?
 Yes No
6. Does your contract with the PEO or ELC, Staff Leasing Co., HR Outsourcing Organization or Administrative Services Organization permit you to obtain coverage for your co-employees outside of the PEO or ELC, Staff Leasing Co., HR Outsourcing Organization or Administrative Services Organization?
 Yes No

Required Documents:

- PEO Employer Questionnaire
- Contract or letter from PEO stating that it is not providing medical benefits
- Most recent 2 week payroll report with notations indicating the employment status of each employee
- IRS Form SS-4 (tax ID filing receipt)

Employer Certification

I represent that the information I have provided is accurate and truthful. I understand that 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.

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____