



# Common Law Employee Attestation Form

Your employer sponsored group health insurance policy may only provide coverage to your eligible common law employees and their eligible dependents. **Note: In most instances individuals who are compensated via an IRS 1099 Form, instead of a W-2, are independent contractors and NOT common law employees eligible for coverage.**

To confirm your common law employee(s) are not independent contractor(s) per federal or state law we request the following documentation be submitted:

- A written contract or agreement; most recent 12 weeks of payment records showing hourly/weekly/or salaried with paid vacation and sick days and an IRS Form SS-8 (if applicable).
- Your explanation and attestation below on why the individual(s) listed meet federal and state requirements of a common law employee:
  - The worker(s) listed below work for my company on a full time, year round basis.
  - The relationship between myself, the owner/employer and the worker(s) are permanent and/or indefinite where the employer provides instruction, training and evaluation.
  - I, the employer invest more money in the worker(s) to perform the service, than the worker(s) does.
  - I, the employer have the right to control the details of how and when the worker(s) services are performed.
  - I, the employer controls business aspects of the worker(s)'s job, including but not limited to: how worker(s) is paid, whether expenses are reimbursed, and I provide tools or supplies.
  - I, the employer provides other types of employee benefits to the worker(s), such as a pension plan, other insurance, vacation or overtime pay.
  - I, the employer agrees to contribute the same amount of money toward the premium as I contribute to my similarly situated worker(s) compensated via a W-2.
  - I, the employer agrees to require the same waiting period for the listed workers as for my regular W-2 employees.
  - I, the employer agree to extend the coverage offering to all common law employees who meet these qualifications, including those I may hire in the future.

List all individuals who meet the above qualifications and for whom your attestation applies:

Name	Social Security #	Date of Hire	Hours per Week

Explain why you believe that the individual(s) listed above meet federal and state requirements of a common law employee:

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I hereby attest that I am familiar with the requirements of what constitutes a common law employee, and the individuals listed above are my common law employees and not independent contractors. **I further agree that this document and attestation may be provided to state and federal authorities and any misrepresentation or fraudulent statement provided above may result in termination of coverage or other legal action.**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**HealthPass Group #**