

# Corporate Officer / Proprietor / Partner Verification Statement

For business owners, officers, proprietors and partners enrolling in Oscar for Business coverage who are not on the business's tax documents.

This form must be completed and signed by you, the business owner, officer, proprietor or partner. The information you provide will be used to verify your affiliation with the business and determine your eligibility for Oscar for Business coverage.

Section I: Identifying information		
Full name	Title	
Business name	Telephone number	State of incorporation
Section II: Eligibility attestation		
I attest that, although my name does not appear on the tax documents of the above-named company, the following is true:		
<ul style="list-style-type: none"><li>• I am a manager/member, partner, officer or sole proprietor of the above-named company.</li><li>• I actively work at this company on a permanent basis and work at least 25 hours per week.</li><li>• I draw wages, dividends, or other distributions from this company on a regular basis.</li><li>• I do not derive substantial earned income from any other employer and am not eligible for other employer-sponsored coverage as a subscriber.</li><li>• I will provide additional ownership/business validation documentation, including IRS forms, as requested.</li></ul>		
Section III: Signature		
By signing this form, I acknowledge that this information may be subject to verification. I agree to provide Oscar and its affiliates* with any information necessary to do so. I also understand that failure to meet the above conditions may result in denial or termination of group health coverage for the above-named company. I understand that, under state insurance law, any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may also be subject to a civil penalty.		
Signature	Printed name	Date (mm/dd/yyyy)
X .....	<div style="border: 1px solid red; border-radius: 10px; padding: 2px 10px; display: inline-block;">Sign here</div>	

\* "Oscar and its affiliates" includes but is not limited to Oscar Insurance Corporation, Oscar Health Plan of California, Oscar Insurance Company, Oscar Insurance Company of Ohio, and Oscar Garden State Insurance Corporation.