

Confirmation of Eligibility

Step 1

Provide explanation for high volume of ineligible employees or part-time employees with full-time salaries:

Step 2

Provide number of employees in each of the following categories:

_____ Full-time
_____ Part-time
_____ Seasonal
_____ Temporary

Step 3

Provide names and last 4 digits of Social Security # for permanent employees working at least the minimum number of hours per week to be considered eligible according to the laws in your state:

Employee Name	Last 4 Digits of Social Security #
1. _____	XXX-XX- _____
2. _____	XXX-XX- _____
3. _____	XXX-XX- _____
4. _____	XXX-XX- _____
5. _____	XXX-XX- _____
6. _____	XXX-XX- _____
7. _____	XXX-XX- _____
8. _____	XXX-XX- _____
9. _____	XXX-XX- _____
10. _____	XXX-XX- _____

Company Name

DBA

Owner/Partner Signature

Print Name

Date (MM/DD/YYYY)

Photocopy if additional forms required