



## Business Employment Verification Statement

At LifeWise Health Plan of Oregon groups with 3 or fewer employees must provide appropriate documentation to verify that they qualify as an Oregon Small Employer Group as defined below:

**Small employer** means an employer that employed an average of at least one but not more than 50 employees on business days during the preceding calendar year, the majority of whom are employed within this state, and that employs at least one eligible employee on the date on which coverage takes effect under a health benefit plan issued by a small employer carrier.

**Eligible employee** means an employee of a small employer who works on a regularly scheduled basis, with a normal work week of 17.5 or more hours. The employer may determine hours worked for eligibility between 17.5 and 40 hours per week subject to rules of the carrier. Eligible employee does not include employees who work on a temporary, seasonal or substitute basis.

**Appropriate Documentation** would include the most recent quarterly Oregon State Tax and Wage Form 132 and/or an approved form of tax documentation based on the type of business. This form may be used in lieu of these forms when verified and signed by BOTH parties indicated on the reverse side of this form.

### NAME OF BUSINESS ENROLLING FOR COVERAGE:

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***Please list all employees working a normal work week of 17.5 hours or more:***

Employee Name: \_\_\_\_\_ Weekly Work Hours: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Weekly Work Hours: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Weekly Work Hours: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

***PLEASE COMPLETE, SIGN AND SUBMIT BOTH PAGES OF THIS FORM***

**To be completed by a Certified Public Accountant, Certified Managerial Accountant or Licensed Tax Consultant**

Name of person signing form: \_\_\_\_\_ Phone #: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business License #: \_\_\_\_\_

Address: \_\_\_\_\_

Designation (check one):

☐ Certified Public Accountant   ☐ Certified Managerial Accountant   ☐ Licensed Tax Consultant

After an appropriate review of all available business records, I hereby attest that the Employer group name above qualifies as an Oregon Small Employer and that each one of the individuals listed qualifies as an Eligible Employee of that Employer group as outlined by Oregon Statute (ORS) 743.730.

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

**To be completed by the Agent of Record**

Name of person signing form: \_\_\_\_\_ Phone #: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Business License #: \_\_\_\_\_

Address: \_\_\_\_\_

After an appropriate review of all available business records, I hereby attest that the Employer group name above qualifies as an Oregon Small Employer and that each one of the individuals listed qualifies as an Eligible Employee of that Employer group as outlined by Oregon Statute (ORS) 743.730.

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