

Proof of Work Form

This is the second part of the insurance application. Make sure to review all of the application requirements on the Freelancers Union website.



SECTION 1: Your Information

First _____ Middle Initial _____ Last _____ Member ID Number _____

Daytime Phone _____ - _____ - _____ E-mail Address _____

Please indicate which of the following eligible industries or occupations you work in:

- Arts, Design & Entertainment Financial Services Domestic Childcare Giver ¹ Media & Advertising Nonprofit
 Skilled Computer User ² Technology Traditional or Alternative Health Care Provider ³

Job Description (briefly describe what you do): _____

SECTION 2: Client / Employer Information

Please enter the client's or employer's information below. If you are a sole proprietor or a health care provider, enter your own business information and see page 2 for additional document(s) you'll need to submit. If you work for an agency, include where you work below, then provide your agency contact information.

Client / Employer Name _____ Client / Employer Sector or Field _____

Client / Employer Website _____ Client Address _____

Your Occupation/Title _____ Agency Name (if applicable) _____

Agency Contact Person (if applicable) _____ Agency Contact Phone # (if applicable) _____ - _____ - _____

Agency Contact Email (if applicable) _____

If you are either of the following, check the box and see page 2 for additional documentation you'll need to include:

- Sole Proprietor Traditional or Alternative Health Care Provider

SECTION 3: Proof of Employment and Payment

Please check the box that shows how you will prove your eligibility.

 I will prove that I worked 20 hours each week for the past 8 consecutive weeks. **OR**  I will prove that I was paid \$10,000 for work I did in the last 6 months.

To prove your eligibility, you'll need to submit documents showing you did the work **and** documents showing you were paid for the work.

To show proof of employment, I've attached:

- Signed contract(s)
 Invoices
 Paystubs with a clear job title
 Timesheet with a clear job title
 Other (please see page 2 for what acceptable documents need to show)

AND

To show proof of payment, I've attached:

- Pay stubs
 Check stubs
 Payroll statements showing checks issued to you (they should include your name and the check numbers)
 Bank statements with your name, showing relevant deposits
 Other (please see page 2 for what acceptable documents need to show)

I hereby certify that, to the best of my knowledge, the information I have provided on this form is complete and accurate. I understand that if I knowingly, and with the intent to defraud, submit materially false information, I may be subject to civil and criminal penalties under applicable law.

Signature _____ Date _____

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Acceptable Supporting Documents



NOTE: We can't approve your application until it's complete so **make sure we have received all materials by the 10th of the month before the month you'd like your coverage to begin.** Traditional or alternative health care providers, please see below.

Proof of Employment

Supporting documents need to show:

- + The scope of the work
- + The timeframe worked
- + The amount you were paid for the work

Examples of what we can accept include signed contracts, invoices, paystubs with a clear job title, email(s) between you and your client/employer that demonstrates the above, or signed letter from your client/employer that demonstrates the above.

Proof of Payment

Supporting documents need to show:

- + the amount paid
- + when, exactly, the work was done
- + the name of the employer or client who paid you

Examples of what we can accept include pay stubs, check stubs, payroll statements showing checks issued to you (they should include your name and the check numbers), or bank statements showing relevant deposits.

For Sole Proprietors

You'll also need to submit one of the following:

- + Incorporation certificate
- + D / b / a certificate
- + Certificate of authority to collect taxes
- + Corporate tax return

Traditional or Alternative Health Care Providers

You'll also need to submit one of the following:

- + Professional license

You also have additional options to prove employment and payment:

- + To prove your employment, we can also accept a professional calendar (with patient information blacked out) or EOBs
- + To prove your payment, we can also accept EOBs with check numbers and amounts paid by an insurance company

¹ Non-institutional and other than for a child to whom the individual is related.

² You qualify as a Skilled Computer User if your paid work involves: a) the use of specialized software (i.e. Quark, Avid, Auto CAD), b) web design, development, or content, c) computer programming, or d) information technology or technology support.

³ Examples include but are not limited to Yoga instructors, social workers, psychotherapists, nutritionists, and personal trainers.

A determination by Freelancers Union that you meet the criteria for participation in Freelancers Union's programs does not guarantee the issuance of insurance coverage to such individual. Freelancers Union is not an insurance company. Freelancers Union is the holder of one or more group policies issued by insurance companies. In the event Freelancers Union determines that you meet the program participation rules, the issuance of insurance coverage to you remains subject to the final approval of the applicable insurer(s), which may apply underwriting and other coverage criteria to the extent permitted by law.