



New Jersey Group Underwriting
1099 Contractor Verification Form

Date:	
Group/Control or Tracking Number:	
Employer Name:	
Contractor Name:	

Dear Employer:

We have received your request to enroll the above mentioned individual, who is compensated via a 1099-Misc Tax Form and is used for reporting compensation to a non-employee.

So that Aetna may establish eligibility for this individual as a bona-fide, full-time employee (for the purposes of group insurance) under your group plan, please complete the following, and fax to the Underwriter.

A small employer may elect either to cover all independent contractors or not to cover independent contractors. A person is an independent contractor if he/she:

(1) is performing a service for the employer pursuant to a written contract for monetary or other legal consideration	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) is working exclusively for the employer	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) works 25 or more hours per week for the employer	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) works on other than a temporary or substitute basis	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) the independent contractor relationship has been established to serve a substantial business need of the employer and is not intended primarily to obtain insurance coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please have this individual, as well as yourself, sign the statement below.

I understand that misstatements or misrepresentations may result in insurance coverage being void as of the effective date with no benefits payable. I authorize Aetna to review payroll and employment records (e.g. front page of a 1040 Tax Return, IRS Form SS-8) and interview individuals at any time while covered under the above group plan to verify the accuracy of the above.

Employer's Signature

Date

Contractor's Signature

Date