



**Small Group Underwriting
1099 Contractor Verification Form**

Date:	
Group/Control or Tracking Number:	
Business Name:	
Employee 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 subject to state requirements) under your group insurance plan, please complete the following and fax to underwriting. This form may also be required to verify group participation requirements for waiving individuals as well.

Thank you.

1.	Do you control the minimum working hours, hiring, training, and discharging of this individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	How many hours a week does this individual work for you?	
3.	How many weeks per year does this individual work for you?	
4.	What percentage (e.g. 50%, 75%, 100%) of this individual's total annual wages are earned from you?	
5.	What employee benefits is this individual entitled to (e.g. vacation days, pension benefits, health benefits, etc.)? Please be specific.	
6.	Please briefly explain the individual's job duties.	
7.	Do you furnish this individual with materials tools, and a place to perform his/her duties? If no, please advise what tools/materials, if any, are provided, and where these duties are performed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Do you agree to contribute the same amount of money toward the premium as the regular taxed employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Is there a contract between this individual and yourself? If so, provide a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Attach a copy of this individual's most current 1099 Misc Tax Form or 1040SE. If not available, provide a copy of the last month's payroll records.	

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

I understand that any individuals reported on the IRS 1099 forms are not to be included for purpose of counting employees to determine the size of the group. Once the size of the group has been determined and it is determined that the law is applicable to the group, 1099 employees can be included for coverage subject to the above guidelines.

Employer's Signature:		Date:	
1099 Employee Contractor's Signature:		Date:	