

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

Small Group Underwriting  
CIGNA HealthCare  
900 Cottage Grove Road  
Hartford, CT 06152

**Re: Status of 1099 Employees**

This letter is to confirm the status of employees of \_\_\_\_\_ which are considered self-employed and receive 1099 tax documents.

- I attest that the employees listed below are full-time, year-round employees.
- I attest that \_\_\_\_\_ will contribute the same amount to the listed employees' health benefit plans as the taxed employees.
- I attest that \_\_\_\_\_ will apply the same employee waiting period to the listed employees' health benefit plans as the taxed employees.
- I attest that \_\_\_\_\_ will offer the same health benefit plan to future 1099 employees as offered to current 1099 and taxed employees.
- I attest that \_\_\_\_\_ has full-time, taxed employees.

Employee Name (Last)	Employee Name (First)	Social Security #	Number of Hours worked per Week

\_\_\_\_\_ acknowledges and consents to the fact that CIGNA may, at its discretion, demand that we provide you with true and accurate copies of such materials, information, and records as CIGNA may deem appropriate (including but limited to wage and tax information / forms, etc.) so as to ensure that \_\_\_\_\_ has complied with the conditions set forth above. \_\_\_\_\_ shall provide CIGNA with such requested information within ten (10) business days of the date on which CIGNA's request is received. In the event that we fail to provide the requested information, or in the event that, based upon CIGNA's review of such information, CIGNA reasonably determines that we do not meet the standards as set forth above, \_\_\_\_\_ consents to CIGNA's immediate termination of any policy issued by CIGNA to \_\_\_\_\_.

Finally, it is understood that the terms of this letter shall be in addition to the terms of any policy or contract which CIGNA may issue.

Very truly yours,

\_\_\_\_\_

Title: \_\_\_\_\_, Duly Authorized