

# DentalandVisionIns.com

## Proprietor/Partner/Corporate Officer Form

(If not established on DE-9c)

To establish the relationship between proprietors, partners, and/or corporate officers to the below referenced company, please complete and return this form.

I attest that, although my name does not appear on the DE 9c wage report of the below-named company, the following conditions are true:

1. I am a sole proprietor, partner of a partnership or corporate officer.
2. I actively work at the below-named company.
3. I draw wages, dividends, or other distributions from the below-named company on at least a monthly basis and am not eligible for group health coverage from any other employment.
4. I work on a permanent, full-time basis for the below named company for a least 20 hours per week.
5. I satisfied the designated waiting period before coverage becomes effective.
6. I must provide, upon request from Wolfpack Insurance Services, a copy of my company's fictitious name statement, DBA, legal partnership agreement and schedule K, Articles of Incorporation, Schedule C, current business license, or current professional license.
7. For corporate Officers, please state reason(s) your name does not appear on the below-named company's DE 9c.

I understand that this information may be subject to verification and agree to provide Wolfpack Insurance Services, Inc. with any information necessary to do so. I also understand that failure to meet the above conditions may result in denial or termination of group health coverage from the Small Business Benefit Plan for the below named company.

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Proprietor, Partner, or Corporate Officer's Signature

Date

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Proprietor, Partner, or Corporate Officer's Name (printed)

Social Security Number

Company Name: \_\_\_\_\_