

Independence Blue Cross
1901 Market Street
Philadelphia, PA 19102

Eligibility Form

To be used for owners/partnerships.

Section I. Personal Information

First Name	M.I.	Last Name
Title		
Company		

Section II. Required Documents

Partnership/S-Corporation	<ul style="list-style-type: none">• IRS Form 1065 with Schedule K-1• IRS Form 1120S with Schedule K1 along with Schedule E (Form 1040)
Owner	<ul style="list-style-type: none">• IRS Form 1120S with Schedule K1 along with Schedule E (Form 1040)

Section III. Signature

I certify that the following statements are true:

1. I am an owner, partner or corporate officer of the Company.
2. I actively work at the Company on a full time, permanent basis working no less than 25 hours/week.
3. I draw wages, compensation, dividends or other distributions from the Company on a regular basis and do not derive substantial earned income from any other employer.

I understand this information may be subject to audit and agree to provide Independence Blue Cross and/or its subsidiaries or affiliates (collectively, "IBC") with any and all information and documentation as determined by IBC to be necessary to validate the above statements. I also understand that any misrepresentation by me may result in the termination of group health coverage from IBC, for me, my enrolled dependents and/or the Company as IBC and may choose. IBC expressly reserves any other rights and remedies.

Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signature: _____ Date: _____

