



DECLARATION OF EMPLOYER STATUS

COMPLETE THIS FORM ONLY IF YOU ARE THE OWNER OF A COMPANY/BUSINESS AND YOU WISH TO PAY FOR YOUR OWN INDIVIDUAL HEALTH INSURANCE POLICY USING YOUR COMPANY/BUSINESS CHECK.

Applicant's Name: _____

Applicant's Address: _____

Applicant's Daytime Telephone Number: _____

Company/Business Name: _____

I am the person named above as Applicant and by signing this document, I understand and agree to the following:

- 1.) I am an owner of a company/business and I desire to use the check stock of such company/business in order to pay for my own individual health insurance policy through Wisconsin Physicians Service Insurance Corporation ("WPS");**
- 2.) If I have employees besides myself employed through my company/business, my company/business does not directly nor indirectly pay for all or any portion of an individual or group health insurance premium for my employees;**
- 3.) If I have employees besides myself employed through my company/business, my company/business does not collect nor participate in the collection of any portion of an individual or group health insurance premium for my employees;**
- 4.) My company/business does not treat any individual or group health insurance policy as part of a plan or program under Section 162, Section 125 or Section 106 of the United States internal revenue code; and**
- 5.) I agree that should I, in the future, decide to offer a health insurance plan through WPS to the employees of my company/business, I will no longer be allowed to pay for my own individual health insurance policy using the check stock of my company/business unless I am not eligible for health insurance coverage under that group insurance plan.**

Applicant's Signature

Date

Agent's Signature as Witness

Date