



Business Employment Verification Statement

(Groups of 2-10 only)

To be completed by an Employer Representative and Agent of Record

An Oregon Small Employer includes any person, firm, corporation, partnership or association actively engaged in business that, on at least 50 percent of its working days during the preceding year, employed no more than 25 Eligible Employees (those with a normal work week of 17.5 or more hours) and no fewer than 2 Eligible Employees, the majority of whom are employed within this state and in which a bona fide partnership or employer-employee relationship exists. To determine if an employer is an Oregon Small Employer, the proprietor or partners of a business may be included as employees, as provided in ORS 743.730. Small Employer includes companies that are eligible to file a consolidated tax return pursuant to ORS 317.715.

Eligible Employee includes an employee of a Small Employer who works on a regularly scheduled basis, with a normal workweek of 17.5 or more hours. The term includes partners of a partnership if they are included as employees under a health benefit plan of a small employer but does not include employees who work on a temporary, seasonal or substitute basis. Employees who have been employed by the small employer fewer than 90 days are not Eligible Employees unless the small employer so allows.

Employee Name	Weekly work hours	Date of Hire

After an appropriate review of available business records, I _____ hereby attest _____ qualifies as an Oregon Small Employer as outlined by Oregon Statute (ORS) 743.730. Enclosed are photocopies of the documentation used to support these findings. Furthermore, according to this review, I also attest that each one of the individuals listed above qualifies as an Eligible Employee of the business as outlined by Oregon Statute (ORS) 743.730. I further understand that AOI HealthChoice reserves the right to terminate group coverage on the date any fraudulent information is provided.

Employer Representative Signature: _____ Date: _____

Agent of Record Signature: _____ Date: _____

OR Insurance License Number: _____