

**OWNERS WORK
CONFIRMATION
FORM**



Please complete this form if you are a sole proprietor or partner and unable to provide proof of the hours you are regularly scheduled to work. Must be signed by the owner(s) or accountant.

Eligible employees of a group health policy in Oregon are employees that are regularly scheduled to work 17.5 hours or more per week (eligible employees do not include employees that work on a temporary, seasonal or substitute basis). To be eligible for coverage, employees, including sole proprietors and partners, must be regularly scheduled to work the minimum number of hours set by the employer (17.5 – 40 hours per week). A single hourly and probationary period requirement must be applied uniformly to all eligible employees of small employers (2-50 eligible employees), and can not be different for sole proprietors or partners.

If a partner or sole proprietor is not regularly scheduled to work the required number of hours for coverage, they may not enroll under the group health plan. If they are regularly scheduled to work the required number of hours, they must enroll under the group health plan unless they are waiving to other group coverage.

Legal Name of Employer: _____

DBA Name, if different than above: _____

Name of Owner(s), Partner(s), or Sole Proprietor(s)	Number of Hours Per Week

I acknowledge that I am regularly scheduled to work the number of hours listed above.

Signature: _____ **Date:** _____
 Owner Partner Accountant for owner/partner

Print Name: _____ Title: _____

Signature: _____ **Date:** _____
 Owner Partner Accountant for owner/partner

Print Name: _____ Title: _____

Signature: _____ **Date:** _____
 Owner Partner Accountant for owner/partner

Print Name: _____ Title: _____