

**OWNERS WORK
CONFIRMATION
FORM – IDAHO**



Please complete this form if you are a **sole proprietor, partner, or independent contractor**, 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 Idaho are employees that are regularly scheduled to work 30 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, partners, and independent contractors—must be regularly scheduled to work the minimum number of hours set by the employer (20-30 hours per week).

If a sole proprietor, partner of a partnership, or independent contractor 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 or individual 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

Owner/Partner Acknowledgement – I am regularly scheduled to work the number of hours listed above.

Accountant Acknowledgement – I confirm the owners/partners above are working the number of hours listed.

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: _____