

**OWNERS WORK  
CONFIRMATION  
FORM – OREGON**



Please complete this form if you are a **sole proprietor, independent contractor, partner of a partnership, member of an LLC, or S-corp owner** that is exempt from unemployment insurance and unable to provide proof of the hours you are regularly scheduled to work. Form **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). The hourly and probationary period requirement can be different for different classifications of employees, but must be applied uniformly within that classification, even for sole proprietors and owners.

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

**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: \_\_\_\_\_