

# DECLARATION OF EMPLOYER STATUS

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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: \_\_\_\_\_

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**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

