

Confirmation of Eligibility

Please use if submitting a Schedule C when a husband and wife are applying for 2-life coverage.

We, the undersigned, hereby certify and attest that each of us is employed by, or an owner of: _____

(Company Name)

and that each of us works for the business at least 30 hours per week on a regular basis.

Name _____

(please print)

Signature _____ Job Title _____

Name _____

(please print)

Signature _____ Job Title _____

Attested to this day _____ day of _____, _____ (year)

Notary Public _____

My commission expires _____

(State seal or stamp required)

(Date)

(If form is faxed, please mail original)

Return form to: ConnectiCare, Inc.
 Small Group Sales
 175 Scott Swamp Road
 Farmington, CT 06032-3124

ConnectiCare
One of America's highest-rated health plans

Coverage is provided by and services are administered as follows: In Connecticut: Group HMO and POS coverage, and Individual HMO is underwritten by ConnectiCare, Inc. In Massachusetts: Group HMO and POS is underwritten by ConnectiCare of Massachusetts, Inc. In New York: HMO and POS is underwritten by ConnectiCare of New York, Inc. PPO coverage, ASO/Self-funded services, and Dental products are administered or underwritten by ConnectiCare Insurance Company, Inc. Voluntary products are distributed by Producer Partners, Inc., and coverage is underwritten by Boston Mutual Insurance Company.

SG.Confirm 03/05