

### Common Law Employee and Fact Attestation Form

Your fully insured employer sponsored group health insurance policy only provides coverage to your eligible common law employees and their eligible dependents. **Note: In most instances individuals who are compensated via an IRS 1099 Form, instead of W-2, are independent contractors and NOT common law employees eligible for coverage.**

You have requested this form because you believe that the individual(s) listed below are in fact your common law employees under federal law, despite your decision to file an IRS 1099 form instead of W-2, and as common law employees each are eligible for group health coverage under your employer sponsored group health plan.

To confirm that the individuals listed below are eligible for coverage as your common law employees, we request: (1) your initials confirming facts set forth in section 1-9 below; (2) your formal attestation that you believe that the individuals listed meet the requirements of a common law employee; (3) if the independent contractor has been employed for more than 1 year, a copy of the 1099 Tax Form is required; and (4) your agreement that we may provide this form to state and federal authorities, including but not limited to the IRS.

**I hereby confirm via my initials that:**

1. The worker(s) listed below paid by 1099 work for your company on a full time (as defined by group's state), year round basis and the work is an integral part of the business. \_\_\_\_\_
2. The relationship between you, the employer, and the worker(s) are permanent and/or indefinite. \_\_\_\_\_
3. You, the employer, invest more money in the worker(s) to perform the service, than the worker(s) does. \_\_\_\_\_
4. You, the employer, have the right to control the details of how and when the worker's services are performed. \_\_\_\_\_
5. You, the employer, control the business aspects of the worker's job, including but not limited to: how the worker(s) is paid, whether expenses are reimbursed, who provides tools or supplies. \_\_\_\_\_
6. You, the employer, provide other types of employee benefits to the worker(s), such as a pension plan, other insurance, vacation or overtime pay. \_\_\_\_\_
7. You, the employer, agree to contribute the same amount of money toward the premium as you contribute to your similarly situated workers compensated via W-2. \_\_\_\_\_
8. You, the employer, agree to require the same waiting period for these workers as for your regular, W-2, employees. \_\_\_\_\_
9. You, the employer, agree to extend the coverage offering to all workers compensated via 1099 who meet these qualifications, including those you may hire in the future. \_\_\_\_\_

List below all individuals who meet the above qualifications and for whom your attestation below applies. Provide the most recent copy of each worker's IRS 1099 Form if one has been filed.

Name	Social Security Number	Date of Hire	Hours per Week

I hereby attest that I am familiar with the requirements of what constitutes a common law employee, and the individuals listed above are my common law employees. **I further agree that this document and attestation may be provided to state and federal authorities. Note: Any misrepresentation or fraudulent statement provided herein may result in, among other things, termination of coverage or other legal action.**

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_ Group # \_\_\_\_\_

**English**

There is important information about your coverage or application with Rocky Mountain Health Plans (RMHP) in this notice. Review it carefully. Look for actions you may need to take and deadlines. You have the right to get information in your language at no cost. Call 800-346-4643 for assistance.

**Spanish**

Hay información importante sobre su cobertura o solicitud de Rocky Mountain Health Plans (RMHP) en este aviso. Revíselo meticolosamente. Tome las acciones necesarias y considere las fechas de vigencia. Usted tiene el derecho a obtener esta información en su idioma sin ningún cargo. Llame al 800-346-4643 para obtener asistencia.

**Arabic**

في هذه المذكرة هناك معلومات هامة بخصوص التغطية الخاصة بك أو التطبيق الخاص بك مع الخطط الصحية لروكي ماونتن (RMHP). عليك مراجعتها بعناية. وقم بالتصرف الذي قد يكون عليك القيام به ومدد المهلة المطلوبة لذلك. إن من حقه الحصول على المعلومات بلغتك بدون مقابل. ويكون عليك الاتصال على الرقم 800-346-4643 للمساعدة.

**German**

Es gibt wichtige Informationen über Ihre Absicherung oder Anwendung bei Rocky Mountain Health Plans (RMHP) in dieser Mitteilung. Sehen Sie diese sorgfältig durch. Schauen Sie, ob sie Maßnahmen ergreifen oder Termine einhalten müssen. Sie haben das Recht, kostenlos Informationen in Ihrer Sprache zu erhalten. Rufen Sie 800-346-4643 an, wenn Sie Hilfe benötigen.

**French**

Cette notice comprend des informations importantes sur votre assurance ou votre demande aux régimes de Rocky Mountain Health Plans (RMHP). Veuillez l'examiner attentivement. Voyez quelles actions que vous devez prendre et leurs échéances. Vous avez le droit d'obtenir gratuitement des renseignements dans votre langue. Appelez le 800-346-4643 pour obtenir de l'aide.

**Japanese**

この通知にはロッキー・マウンテン・ヘルス・プラン (RMHP) の補償範囲と申請に関する重要な情報が掲載されていますので、よくお読みください。行う必要のある手続きおよび締め切り日にご注意ください。お客様には、関連情報を無料で母国語で受け取る権利があります。800-346-4643 までご連絡いただきサポートをご依頼ください。

**Korean**

이 안내문은 로키 마운틴 의료 보험 (Rocky Mountain Health Plans (RMHP))의 보험 적용 범위 또는 신청서에 대한 중요한 정보를 포함하고 있습니다. 신중하게 검토하시기 바랍니다. 취해야 할 조치와 마감기일에 유의하세요. 고객님의 언어로 된 정보를 무료로 받으실 수 있습니다. 서비스 관련 문의는 800-346-4643 로 전화주시기 바랍니다.

**Nepali**

यो सूचनामा तपाईंको बीमाकृत राशि वा रकी माउन्टेन हेल्थ प्लान्स (RMHP) लाई तपाईंले पेश गर्नुभएको आवेदनका बारेमा महत्त्वपूर्ण जानकारीहरू छन्। यसलाई ध्यानपूर्वक हेर्नुहोस्। तपाईंले चालन आवश्यक हुन सक्ने कदमहरू र समय सीमाबारे थाहा पाउनुहोस्। तपाईंसँग आफ्नो भाषामा निःशुल्क रूपमा जानकारीहरू प्राप्त गर्ने अधिकार छ। सहायताका लागि 800-346-4643 मा फोन गर्नुहोस्।

**Persian**

در این یادداشت اطلاعات مهمی راجع به درخواست یا پوشش مد نظر شما از سوی Rocky Mountain Health Plans (RMHP) ارائه می شود. با دقت آنرا مطالعه فرمایید. به اقداماتی که باید انجام دهید و مهلت مقرر آنها توجه نمایید. شما حق دارید اطلاعات را به زبان خودتان بدون پرداخت هزینه ای دریافت کنید. برای درخواست کمک به شماره 800-346-4643 زنگ بزنید.

**Russian**

В данном уведомлении содержится важная информация касательно Вашего страхового покрытия или заявления в организацию Rocky Mountain Health Plans (RMHP). Просим Вас внимательно его изучить. Вам необходимо наметить порядок действий и сроки. У Вас есть право на бесплатное получение информации на родном языке. За помощью обращайтесь по номеру телефона 800-346-4643.

**Simplified Chinese**

本通知中包含有关落矶山健康计划 (RMHP) 范围和应用的的重要信息。请仔细阅读。寻找您可能需要采取的措施和最终期限。您有权免费获得以自己的语言提供的信息。请致电 800-346-4643 寻求帮助。

**Vietnamese**

Trong thông báo này có thông tin quan trọng về phạm vi bảo hiểm hoặc đơn xin của quý vị với Chương Trình Chăm Sóc Sức Khỏe Rocky Mountain Health Plans (RMHP). Vui lòng xem kỹ thông báo này. Hãy tìm các hành động quý vị cần thực hiện và hạn chót của các hành động đó. Quý vị có quyền nhận thông tin bằng ngôn ngữ của quý vị mà không bị tính phí. Hãy gọi 800-346-4643 để được hỗ trợ.

**Yoruba**

Ìfítónìlétí pàtàkì wà nípa ìdarapọ̀ rẹ̀ àbí ibèèrè rẹ̀ pèlù Àwọn Èto Ìlera Rocky Mountain [RMHP] nínú àfíyèsí yí. Fí pèlèpèlè gbé e yèwò. Wò àwọn igbésẹ̀ tí o lè gbé àti àwọn àkókó tí ó dópín. O ní ètò láti gbà ìfítónìlétí yí ní èdè rẹ̀ l'òfẹ́. Pè 800-346-4643 fún ìrànlọ́wọ̀.

**Ibo/Igbo**

Enwere ozi dị mkpa gbasara mkpuchi ma ọ bụ akwụkwọ anamachoihe gị na Rocky Mountain Health Plans (RMHP) n'okwa a. Gugharja ya nke ọma. Chọọ ihe ndị i ga-eme yana nduzi. I nwere ikike inweta ozi n'asụsụ gị na akwụghị ụgwọ ọ bụla. Kpọọ 800-346-4643 maka enyemaka.

**Tagalog**

May mahalagang impormasyon tungkol sa iyong coverage o aplikasyon sa Rocky Mountain Health Plans (RMHP) sa paalalang ito. Suriin ito nang mabuti. Alamin ang mga pagkilos na maaaring kailangan mong gawin at hanggang kailan mo dapat maisagawa ang mga iyon. May karapatan kang humiling ng impormasyon sa iyong wika nang libre. Tumawag sa 800-346-4643 para sa tulong.

**Amharic**

በዚህ ግንኙነት ላይ Rocky Mountain Health Plans (RMHP) ስለሚሰጥዎት ሽፋን ወይም ማመልከቻዎን በተመለከተ ጠቃሚ መረጃ አይገኝልም። በጥንቃቄ ይገምግሙት። መውሰድ ሊኖርብዎት ስለሚችሉ እርምጃዎችና የግዜ ገደብ ላይ ያተኮሩ። ያለምንም ከፍዶ በጽንጽ መረጃ የማግኘት መብት አለዎት። እርዳታ ለማግኘት በ 800-346-4643 ይደውሉ።

**Cushite — Oromo**

Facaatii yokin iyyanoo kee Rocky Mountain Health Plans (RMHP) walín qabiduu ilalichisee odeeffannoo baribaachisaatu jiraa. Irra deebi'an siriti xiinxalii. Kan itifuxachoo qabidu fi guyyaa itti xumramuu itti hojachofi ilaalii. Kafalitii malle odeeffanno afani ketiinarigachofi miriga qabidaa. Garigarisafi 800-346-4643 lakofisaa kananii bilbilii.

**Kru-Bassa**

Li bihne lini li gwe banga bi niigana. Li bihne lini li gwe banga bi niigana nyu nam ma kolbaha ndjombi yong tole ma teeda mong ngueda Rocky Mountain Health Plans (RMHP). Yeng ma kel ma ngui munu li bihne lini. Bebeg le u nlama bon ngui man nwaale guim di loo i nkwo nyu l teda mateda ma mboo yong tole l bana mi nsombog mi mahola. U gwee Kundei kosna biniiguene bini ni mahola i hop wong nni nsaa wogui wo. Sebel 800-346-4643.

## Notice of Nondiscrimination

Rocky Mountain Health Plans (RMHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. RMHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

RMHP takes reasonable steps to ensure meaningful access and effective communication is provided timely and free of charge:

- Provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters (remote interpreting service or on-site appearance)
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, such as:
  - Qualified interpreters (remote or on-site)
  - Information written in other languages

If you need these services, contact the RMHP Member Concerns Coordinator at 800-346-4643, 970-243-7050, or TTY 970-248-5019, 800-704-6370, Relay 711; para asistencia en español llame al 800-346-4643.

If you believe that RMHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: the RMHP EEO Officer at 800-346-4643, 970-244-7760, ext. 7883, or TTY 970-248-5019, 800-704-6370, Relay 711; para asistencia en español llame al 800-346-4643, or [eeoofficer@rmhp.org](mailto:eeoofficer@rmhp.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the RMHP EEO Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.