



**PEO/Employer Questionnaire**

An officer of the employer (not the PEO or leasing company) must complete and sign the application for coverage. Some employers may find it helpful to consult with legal counsel for completion of this questionnaire.

<b>Company/Client Name</b>
<b>PEO Name</b>

1. As the employer, I have the sole authority to hire and fire the leased employees.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
2. All leased employees will be considered eligible for coverage on the same basis as non-leased employees.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
3. The total number of eligible employees (leased and non-leased) will be used to determine if the group qualifies as a small employer under federal and state law.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
4. AvMed Health Plans will be the sole provider of health insurance for all eligible employees (leased and non-leased).	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

**Employer Certification**

I certify that all information provided is accurate and complete. Any person who knowingly and with the intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Employer Signature	Title/Position
Employer Name (Print)	Date

Please note that an officer of the employer (not the PEO or leasing company) must complete and sign this questionnaire and the application for coverage (Group Master Application).