



AFFIDAVIT AS TO 1099 Contractor Relationship

The undersigned, _____, hereby states as follows:

1. I have an exclusive contract with _____ ("Subscribing Group") and that the majority of my income is produced as a result of this relationship.
2. I work the requisite number of hours, as set forth in the Subscribing Group's Master Application, to be considered full-time and I have met any applicable waiting period requirement of the Subscribing Group.
3. I am executing this Affidavit as a condition of my eligibility for participation in the Subscribing Group's health plan provided by AvMed, Inc.
4. I understand and agree that AvMed, Inc. may audit and request proof of my 1099 contractor relationship with the Subscribing Group.
5. I understand and agree that should my exclusive relationship with the Subscribing Group change to non-exclusive, or be discontinued for any reason, I will no longer be eligible to participate in the Subscribing Group's group health plan, but may be eligible to elect continued coverage under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) or an individual conversion plan.
6. I understand that making fraudulent statements for the purpose of obtaining insurance that I would otherwise not qualify for, is a criminal offense and may subject me to criminal and civil proceedings.

DATED as of this _____ day of _____, 20__ .

Signature
Print Name: _____

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public
My Commission Expires: _____