

Employee Verification Form for Employer Groups That Have Elected to Use a PEO

This form is to be used for groups in which the employer has elected to use a Professional Employer Organization (PEO) to manage their employer related services (i.e., payroll & taxes.)

To qualify for coverage as a group that uses a PEO, the following information must be submitted along with this completed form:

- The most recent detailed billing statement from the PEO to the employer group applying for coverage. The billing statement must be in the name of the employer group applying for coverage and must include the employee's names for which the employer is being billed.
- The initial premium check as well as all future premium checks must come from the employer group and cannot be billed to or paid by the PEO.
- This form as well as the Master Group Application (Employer Application) must be in the name of the employer group applying for coverage and signed by a principal of the group only.
- Two consecutive payroll statements from the PEO showing the group name, employee(s) name(s), wages, hours, and taxes withheld.

I, _____ of _____, confirm that below is a complete list of all full-time (working 30
(Owner, Partner, Officer) (Company Name)

or more hours per week and earning compensation equal the Federal minimum wage or greater) employees (whether applying for coverage or not) eligible for coverage under the Kaiser Permanente Small Group Health Plan. I also agree that Kaiser Foundation Health Plan of Georgia, Inc. may audit this information at their request at any time. By signing below, I verify that I, as the employer have the right to hire and fire any current or future employees that are billed through the PEO.

If any of this information is fraudulent or represents a misstatement of fact, Kaiser Foundation Health Plan of Georgia, Inc. may terminate or rescind coverage. Termination and/or rescission may occur on a retroactive basis as far back as the original date of coverage.

Signature _____
(Owner, Partner, Officer)

Title _____ Date _____

As the requesting broker, I hereby certify that this information is true and correct to the best of my knowledge.

Broker Signature _____ Date _____

- * A Waiver of Coverage must be completed for all employees who are eligible but not applying for coverage.
- * This form does not apply to groups that have leased or temporary employee arrangements with a staffing agency.
- * A Georgia State Tax and Wage report may be requested for all employees that are not listed on the PEO billing statement or payroll statements furnished by the PEO.
- * In addition to the requirements necessary to qualify as a group that uses a PEO, other underwriting guidelines and requirements also apply. Please contact your sales representative or broker for details regarding guidelines and requirements when submitting a new group.

Employee Verification Form for Employer Groups That Have Elected to Use a PEO

Total Number of Employees Listed Below _____

Employee Name _____ **Last 4 of SS#** _____ **Hrs Worked Per Week** _____ **DOH** _____

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