

## AFFIDAVIT

### **Participating Business Owner**

(For All Allied Group Plans)



**"Participating Business Owner"** means, with respect to the group benefit plan ("Plan") sponsored by the affiliated employer ("Plan Sponsor"), an individual owner\* of the Plan Sponsor, expending time and energy in the service of the regular business of the Plan Sponsor, on a non-temporary, full-time basis, and receiving a share of the profits (or otherwise receiving compensation for that service), who is allowed to participate in the Plan as an "eligible employee".

\* Individual owner includes, but is not limited to, sole proprietors, general or limited partners, corporate shareholders and LLC or LLP members.

**Instructions:** A Participating Business Owner must use this Affidavit to certify eligibility to participate in the Plan on the same basis as an eligible employee. This is a legal document that must be completed, signed and dated.

**Enrollment:** To ensure coverage under the Plan, you must submit your enrollment form **and this signed affidavit** within the enrollment time periods permitted under the Plan. **Important:** Refer to the Plan's summary plan description for all eligibility, enrollment and termination provisions and penalties:

#### **I, THE UNDERSIGNED INDIVIDUAL, BEING DULY SWORN UPON MY OATH, DECLARE AND CERTIFY THAT:**

1. I am a Participating Business Owner, as that term is defined above.
2. The services I provide to the Plan Sponsor as a Participating Business Owner are currently performed:
  - Using the active expenditure of my time and energy;
  - On a non-temporary, regular basis;
  - On a full-time basis;
  - In the regular business of the Plan Sponsor; and
  - For compensation from the Plan Sponsor.
3. I acknowledge that if, at some point in the future, my Participating Business Owner relationship with the Plan Sponsor no longer meets one (1) or more of the requirements in #2 above, my coverage under the Plan may terminate back to the date of ineligibility (with forfeiture of benefits).
4. The above statements are true and correct to the best of my knowledge and belief. I acknowledge that an omission or misrepresentation in this Affidavit, if intentional and material to my enrollment, may result in a denial or loss of coverage, now or in the future, including retroactive termination, forfeiture of benefits and liability for damages.

#### **PARTICIPATING BUSINESS OWNER**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_