

CBIA Health Connections Business Owner Enrollment Statement

(This is for use by owners who are enrolling for coverage
and are not listed on the current UC-5 or are submitting a Schedule C.)

I acknowledge that I _____ am
Name

an/the owner of _____.
Name of Business

I attest that I work for the above business 30 or more hours per week. I also
attest that the information above is true and correct. I understand the coverage
and benefits for me and my employees may be affected by incomplete or false
information.

Name (please print)

Signature

Date

