

**TEXAS HEALTH INSURANCE POOL  
SELF-EMPLOYMENT VERIFICATION FORM**

Individual's Information (SECTION A)	
Applicant/Member Name:	Applicant/Member Social Security Number or Unique ID
	Spouse's Name (if any):
Employment Information for: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	
Business Information (SECTION B)	
Employer/Business Name:	Telephone Number:
Address:	
How long have you been self-employed?	How many hours a week do you usually work?
Do you have any full time employees (work 30 hours per week or more)? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>	
If so, how many?	
Do you provide group health benefit coverage, either insured or self-insured? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>	
If insured, the name of the insurance company: _____	
Do you pay all or part of the cost of employee coverage for any employees other than yourself? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>	
If yes, please explain:	
If you pay all or part of the cost for employee coverage, is the amount paid for insurance included in the employees' taxable wages? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>	
If yes, can the employee use the amount paid for any other purpose? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>	
If yes, please indicate other permissible uses:	
Does the employer pay for or reimburse or intend to pay or reimburse the person, named above as the employee, for all or part of the Pool premium, either directly or indirectly, including through a Health Reimbursement Arrangement (HRA) or Section 125 Plan (Cafeteria Plan)? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>	
Do you intend to provide health coverage for employees in the next 6 months? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>	
Are you working with an agent or third party administrator to secure or establish group coverage? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>	
If yes, the name and telephone number of the agent or the TPA:	
<b>I understand that Texas Insurance Code statutes, §1501.352 and §1506.159 prohibit an agent, a third party administrator or insurer from attempting to arrange or assist in excluding an eligible individual from an employer health benefit plan, specifically by attempting to arrange or assist in obtaining coverage from the Texas Health Insurance Pool. I hereby certify that the above answers are true and correct. I further understand that a false or fraudulent statement or representation, made in order to procure coverage under a health benefit plan, including a public plan such as the Texas Health Insurance Pool, for a person who is ineligible for such plan, is a violation of the anti-fraud provisions of the Health Insurance Portability and Accountability Act, 18 USC §1035, to which civil and criminal penalties, including imprisonment, can apply.</b>	
Employer's Signature: _____	Title: _____
Date: _____	Printed Name: _____

Another copy of this form is provided on the other side.  
Both sides are only required if more than one person is self-employed.

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