



Regence

Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueCross BlueShield of Oregon
100 SW Market Street
PO Box 1271
Portland, Oregon 97207-1271

Verification of Employment (Clark Co., WA)

Please complete this form for all individuals who are actively employed by:

Legal Business Name _____ DBA (as applicable) _____
whose hours are not reported or whose hours are reported at zero (0) on the company's Quarterly Tax Reporting Form(s) (i.e. Form 5208). Examples include:

- ◆ Business owners
- ◆ Corporate officer(s)
- ◆ Employees not working in Washington State
- ◆ New employees

For the individuals listed below, please include a copy of their payroll records for the past 3 months as well as their most recently filed W-2 or 1099 if applicable.

Employee Social Security Number	Employee Name	Job Title	Date of Hire	Hours Worked Per Week	Check Box How Paid (W-2 or 1099)
					<input type="checkbox"/> W-2 <input type="checkbox"/> 1099
					<input type="checkbox"/> W-2 <input type="checkbox"/> 1099
					<input type="checkbox"/> W-2 <input type="checkbox"/> 1099
					<input type="checkbox"/> W-2 <input type="checkbox"/> 1099
					<input type="checkbox"/> W-2 <input type="checkbox"/> 1099
					<input type="checkbox"/> W-2 <input type="checkbox"/> 1099
					<input type="checkbox"/> W-2 <input type="checkbox"/> 1099
					<input type="checkbox"/> W-2 <input type="checkbox"/> 1099

If extra space is needed, please attach an additional Verification of Employment form.

In signing below, I certify that I am an officer or employee of the Company, that I am duly authorized to execute this Verification of Employment on behalf of the Company, and that the Company certifies under penalty of perjury that all statements made and information provided in this Verification of Employment form are accurate and complete to the best of its knowledge or belief and acknowledges that Regence BlueCross BlueShield of Oregon will rely in part on the information in this form as the basis for Regence BlueCross BlueShield of Oregon's decision on whether to issue any group contract(s). It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. In addition, Regence BlueCross BlueShield of Oregon will have the right to collect any claims payments or other damages. If Regence BlueCross BlueShield of Oregon continues a group contract with the Company after untrue, incorrect, or incomplete information is found to have been provided, and if as a result of correcting false information the Company no longer qualifies for the rate quoted, I understand that Regence BlueCross BlueShield of Oregon will have the right to adjust the rates to the appropriate level retroactive to the date the misrepresentation occurred, and the Company will be required to pay the rate adjustment within 30 days of the date of notice by Regence BlueCross BlueShield of Oregon.

Group Authorized Signature _____

Group Authorized Name _____

Official Title _____

Signature Date _____

