PRESBYTERIAN

# PEO/Leased Employee Verification Form

Employer Groups who want to include their leased employees in their group insurance must meet the following criteria:

1) As the employer, I have the sole authority to hire and fire the leased employees.
2) As the employer, I have the right to control the work and the hours of the leased employees.
3) As the employer, I have the right to assign any additional work to the leased employees.
4) As the employer, I provide all equipment and tools for the leased employees to perform their work.
5) As the employer, I control where the leased employees work.
6) As the employer, I will provide proof that the eligible employees can be identified, through standard reporting mechanisms between the Employee Leasing Company and employer business, (such as a PEO aggregated wage and tax summary), as being employees of the employer named below.
7) As the employer, I understand that I am responsible for the premium payments and administration of the Group insurance policy, not the PEO.
8) The employer named below is identified as the employer on the workers' compensation insurance covering the leased employees, and is, or would be, the employer named in any and all proceedings regarding workers' compensation.
9) All leased employees must be considered eligible for coverage on the same basis as non-leased employees.
10) The total number of employees eligible for any coverage (leased and non-leased) will be used to determine if the Group qualifies as a small employer under federal and state law for medical coverage.
11) Presbyterian must be the sole provider of insurance for all eligible employees (leased and non-leased)
12) An officer of the employer (not the PEO or Leasing Company) must complete and sign the Presbyterian Letter of Agreement for coverage.

As an employer with leased employees, I agree to the above conditions and documentation requirements enabling me to consider my leased employees eligible for, and included in, the health insurance benefits offered by my company.

I certify that the employees covered under this plan (leased and non-leased) are the only employees covered by this plan and no other employees of the PEO are eligible to participate in this Group plan.

I further certify that coverage under this plan does not include any other sub-group client of the PEO.

_____
Group Name

_____
Authorized Group Representative Name

_____
Authorized Group Representative Signature Date