



Employer Disclaimer and Verification of Premium Payments

This form is not required for business owners applying for coverage on themselves or family.

Part I – Employer Disclaimer – The undersigned employer understands and attests that:

- 1. The certificate/policy being applied for, by his/her employees, are individually underwritten; and the employer does not consider the individual certificates/policies issued to be an “Employee Health Benefit Plan” as defined by federal or state law.
- 2. World Insurance Company (herein called the Company) assumes no responsibility for compliance with:
 - a. the Employee Retirement Income Security Act of 1974 (ERISA) and amendments thereto, nor does it maintain that the certificates/policies are designed or marketed to comply with the requirements maintained therein. The Company is not acting as a sponsor as defined in ERISA. Any compliance under ERISA that is applicable to the sponsor will be fulfilled by the employer, as his/her own legal counsel may determine.
 - b. the continuing coverage provided in the Consolidated Budget Reconciliation Act of 1985 (COBRA) and amendments thereto, nor does it maintain that the certificates/policies are designed or marketed to comply with the requirements contained therein. The Company is not acting as an administrator as defined in COBRA. Any compliance under COBRA that is applicable to the administrator will be fulfilled by the employer, as his/her own legal counsel may determine. If the employer has 20 or more employees and he/she pays any part of the premium on these certificates/policies, he/she may be subject to COBRA. Employers subject to COBRA can expose themselves to significant risk if they are not in compliance.
- 3. The certificate/policy being applied for, by his/her employees is not considered by the employer to be subject to Title VII of the Civil Rights Act of 1964, as amended by the Pregnancy Act (P.L. 95955). Such legislation requires employers subject to Title VII who provide (as stated in Part II below) employees with health or disability benefits or sick leave plans to treat pregnancy as any other illness. Please Note: Title VII of the Civil Rights Act defines an “employer” as a person who has 15 or more employees for each working day in each 20 or more calendar weeks in the current or preceding calendar year.
- 4. The certificate/policy is not guaranteed issue and will be fully underwritten by the Company which may result in the exclusion from coverage of certain family members, if applicable, health conditions and/or an increase in premiums charged because of these conditions. The Company assumes no responsibility for collection of premiums and/or remittance of them on a timely basis.

Part II – Verification of Premium Payments – The employer hereby certifies that the following information is correct and true as it relates to the health insurance being applied for on an individual basis by his/her employees:

- 1. No part of the premium or benefits for the certificates/policies applied for will be paid, while the certificates/policies are in force, by the employer;
- 2. No person covered by the individual certificate/policy will be reimbursed through wage adjustments or any other method by the employer for any part of the premium, while the certificate/policy is in force;
- 3. The employer will not contribute to premium payments made through payroll deduction for the certificates/policies applied for; and while the certificates/policies are in force; and
- 4. The employer does not intend on treating the certificate/policy, while it is in force, as part of a plan or program under Section 162 (other than Section 162 (1)), Section 125, if applicable, or Section 106 of the United States Internal Revenue Code.

Choose one billing options: Automatic Payment Plan Direct Monthly List Billing (Complete reverse side.) Non-Monthly Direct Bill (applicable when business check or business credit card is used.)

I understand if I choose the Automatic Payment Plan, World will automatically charge my bank account each month for my employees’ insurance premiums. I also understand, with the chosen billing option, World will send me each month a listing of the employees’ premiums so charged and individual premium receipts for each employee. I agree, with the chosen billing option, to provide each employee each month with his/her premium receipt on which I have made a notation of the date the employees’ premium was forwarded to World.

For FL employers: I also acknowledge that the employer has not administered a group health plan in the prior six months.

Employer’s or Designated Representative Signature

Date

Signature of Licensed Resident Agent

Date

