

Certification of Owner

Each owner must complete this form if the owner is currently eligible for coverage under the health plan, but is NOT listed on the Quarterly Wage Detail Report (QWDR) or the QWDR shows less than full-time wages for owner(s).

Please make copies of the blank form if there are multiple owners, and submit a completed form for each owner.

This Form Must Be Notarized

I, the undersigned, hereby certify that I am an Owner and eligible employee of _____ (the "Company Name"), with Group ID: _____ and currently work no less than the minimum number of hours required by the Company's Group Agreement with Priority Health and/or Priority Health Insurance Company (collectively, "Priority Health"). The reason I am not listed on the Quarterly Wage Detail Report is:

I understand Priority Health has issued or will issue health insurance coverage to me and my eligible dependents based on this certification.

Owner Name (print): _____ Date: _____

Signature: _____

STATE OF MICHIGAN, _____ COUNTY

The foregoing certification was acknowledged before me this _____ [date]

by _____.

Subscribed and sworn to before me on _____.

/s/ _____

Notary public, State of Michigan, County of _____

My commission expires: _____.