

# Eligibility / Coverage Confirmation Affidavit

## By Group:

As a representative of \_\_\_\_\_,  
I, \_\_\_\_\_, affirm that \_\_\_\_\_  
only offers health benefits to \_\_\_\_\_ class of employees. I also certify that as long  
as \_\_\_\_\_ is under contract with Priority Health we will  
not offer any type of employer paid, sponsored, or reimbursed health plan to any employee outside of the  
distinct class listed above unless they are added to existing Priority Health coverage with \_\_\_\_\_  
\_\_\_\_\_ in accordance with Priority Health participation guidelines.

I understand that misrepresentation of group eligibility constitutes fraud. Violation of this agreement will  
result in retro-active termination of the group and employees will be responsible for repayment of any  
claims previously paid by Priority Health.

Group Name: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## By Agent:

As a representative of \_\_\_\_\_  
I, \_\_\_\_\_ affirm that \_\_\_\_\_  
only offers health benefits to \_\_\_\_\_ class of employees. As long as I am the  
agent of record and this group is under contract with Priority Health, I agree to the following:

I will ensure that the group understands the eligibility guidelines and will not offer any type of employer  
paid, sponsored, or reimbursed health plan to any employee outside of the distinct class listed above  
unless they are added to existing Priority Health coverage with \_\_\_\_\_  
\_\_\_\_\_ in accordance with Priority Health participation guidelines.

I further understand that misrepresentation of group eligibility constitutes fraud. Violation of this  
agreement will result in retro-active termination of the group as well as termination of my agent  
agreement with Priority Health in accordance with Section 1. Services to the Companies and Section 3.  
Term and Termination.

Agency Name: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_