

**ATTACHMENT I**

**DETERMINATION OF SELF-EMPLOYED BUSINESS GROUP OF ONE FORM**

1. Are you either a self-employed person with no employees, or a sole proprietor who is not offering or sponsoring health care coverage to your employees?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

2. Have you carried on significant business activity as a self-employed person or sole proprietor for a period of at least one year prior to application for coverage?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

3. Do you have gross income from your self-employment or sole proprietorship as indicated on Federal Internal Revenue forms 1040, Schedule C, F, or SE, or other forms recognized by the Federal Internal Revenue Service for income reporting purposes from which you have derived a substantial part of your income from your business as a self-employed person or sole proprietor for one year out of the past three years? Note: Substantial part of your income means income derived from business activities of the business group of one that are sufficient to pay for the annual premiums for the business group of one's health benefit plan.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

4. Do you work a minimum of 24 hours a week on a permanent basis?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

I, \_\_\_\_\_, attest that the answers to the questions contained in this form are true and correct.

Signature of Applicant: \_\_\_\_\_

Applicant's Business: \_\_\_\_\_

Date: \_\_\_\_\_

## **BUSINESS GROUP OF ONE DISCLOSURE**

Please read and sign the following disclosure required by Colorado law:

I, \_\_\_\_\_, meet the definition of a self-employed business group of one as attested to on the accompanying Determination of Self-Employed Business Group of One Form. I understand that by purchasing an individual policy instead of a small group policy I give up what would otherwise be my right to purchase, during open enrollment periods as specified by law, a business group of one Standard, Basic, or other small group health benefit plan from a small employer carrier for a period of three (3) years after the effective date of the individual health benefit plan for which I am applying. I understand that this will be the case unless a small employer carrier voluntarily permits me to purchase a small group policy within such three (3) year period.

I understand that the factors used to set new and renewal rates for the individual policy I want to purchase consist of, but are not limited to, such factors as the table of premiums then in effect, the attained age of the insured person, place of residence, class of insured and the experience of the class. By comparison, the rating factors that would apply if I purchased a small group business group of one policy are limited to plan design, the carrier's overall cost and utilization trends ("index rate"), my age, my family size, and a factor that reflects the cost of care where I live.

I have been given a health plan description form showing the benefits under Colorado's small group Standard Health Benefit Plans. I have also been given a Colorado Health Plan Description Form for the plan for which I am applying.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_