



Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueCross BlueShield of Oregon
100 SW Market Street
PO Box 1271
Portland, Oregon 97207-1271

Verification of Employment

Group's Legal Name
Group Number (for existing groups only)

SECTION A - INSTRUCTIONS

Please complete this form in black ink for all individuals who are actively employed by the Company whose hours are not reported or whose hours are reported at zero (0) on the company's most recent Oregon Unemployment Insurance Employee Detail Report Form 132 and cannot supply three months of payroll or other tax documents as requested. Examples include:

- Business Owners
Corporate Officers
New Employees
Employees not working in the state - please submit other states' equivalent Quarterly Tax Reporting forms and report hours below

For the individuals listed below, please refer to the quote checklist or audit letter for additional required documentation.

SECTION B - EMPLOYEE INFORMATION

Name (Last, First, Middle)
Social Security Number
Date of Hire

Job Title
Number of hours worked per week

Select how they are paid: W-2 1099 Other, explain

Select the frequency in which they are paid: Weekly Bi-weekly Other, explain

Name (Last, First, Middle)
Social Security Number
Date of Hire

Job Title
Number of hours worked per week

Select how they are paid: W-2 1099 Other, explain

Select the frequency in which they are paid: Weekly Bi-weekly Other, explain

Name (Last, First, Middle)
Social Security Number
Date of Hire

Job Title
Number of hours worked per week

Select how they are paid: W-2 1099 Other, explain

Select the frequency in which they are paid: Weekly Bi-weekly Other, explain

If extra space is needed, please attach an additional Verification of Employment form.

SECTION C - ACKNOWLEDGMENT

In signing below, I certify that I am an officer or employee of the Company, that I am duly authorized to execute this Verification of Employment on behalf of the Company, and that the Company certifies under penalty of perjury that all statements made and information provided in this form are accurate and complete to the best of its knowledge or belief and acknowledges that Regence BlueCross BlueShield of Oregon (Regence) will rely in part on the information in this form as the basis for Regence's decision on whether to approve the change amending the group contract(s). For the protection of all of Regence's members, fraud or misrepresentation of material fact by the Company for the purposes of defrauding Regence may result in Regence taking any action allowed by law or contract, including termination or rescission of coverage, denial of benefits, and/or pursuit of criminal charges and penalties. In addition, Regence will have the right to collect any claims payments or other damages. If Regence continues a group contract with the Company after untrue, incorrect, or incomplete information is found to have been provided, and if as a result of correcting false information the Company no longer qualifies for the rate quoted, I understand that Regence will have the right to adjust the rates to the appropriate level retroactive to the date the misrepresentation occurred, and the Company will be required to pay the rate adjustment within 30 days of the date of notice by Regence.

Group Authorized Signature

Group Authorized Name

Official Title

Signature Date

