



1099 Enrollment Letter



Date: _____

Employer Name: _____

Company Name: _____

Company Address: _____

To Whom It May Concern:

I, _____(Employer), hereby certify that the named individuals provide services, on an individual contractor basis (1099) in accordance with IRS standards, for _____(Name of Employer). I attest that each individual named below is a full-time 1099 employee and they receive at least \$10,000 of their annual income from the named employer. In accordance with New York State Law, a schedule C has been filed for each of the named 1099 employees. I understand that for those employees that have not yet filed a Schedule C, one must be filed at years end or they will be deemed ineligible for health care coverage through the named employer.

The following individuals are 1099 employees:

- | | |
|----------|-----------|
| 1. _____ | 9. _____ |
| 2. _____ | 10. _____ |
| 3. _____ | 11. _____ |
| 4. _____ | 12. _____ |
| 5. _____ | 13. _____ |
| 6. _____ | 14. _____ |
| 7. _____ | 15. _____ |
| 8. _____ | |

A copy of the Schedule C, has been enclosed with the Enrollment/Change Form, for each enrolling 1099 employee.

Signature (Employer) _____ Date: _____