

# CBIA Health Connections Enrollment Statement

(This form should be used by owners/employees who are enrolling for coverage  
and are not listed on the current UC-5 or are submitting a Schedule C.)

I acknowledge that I \_\_\_\_\_ am employed  
name  
by or am an owner of \_\_\_\_\_. I also attest that I work for  
name of business  
the business an average of 30 hours per week.

\_\_\_\_\_  
name  
(please print)

\_\_\_\_\_  
signature

