ASURIS NORTHWEST HEALTH

Verification of Employment

In addition to any State of Washington Quarterly Tax Report Form 5208 A & B requested, please list any individuals who are actively employed by _____ that are not required to appear on the report (or a similar document issued by another state) such as corporate officers and/or the business owner. Please include a copy of the individual's payroll records for the past 3 months or a copy of the W-2.

Social Security #	Employee Name and Title	Hours Worked Per Week	Please indicate: W-2 or 1099 Employee

I certify that the company as named above actively employs the above named individuals and that to the best of my knowledge the information provided on this form is accurate. I acknowledge that any intentional factual misrepresentations made regarding an individual's employment status may constitute either eligibility and/or application fraud.

_____ _____

Signature and Title Date