

Wage and Tax Information

According to Wisconsin law (Ins. 8.65), Physicians Plus Insurance Corporation is required to obtain specific information from all Wisconsin-based small group employers who apply for group health insurance coverage through Physicians Plus. The information Physicians Plus requires from the employer group includes (please check the box that applies):

- A current (most-recent completed quarter) Form UC 7823 (Wage and Tax) as filed with the Wisconsin Department of Workforce Development. If this form is not available, please check the appropriate box(es) below, sign where indicated and return with all required documentation attached.
- We are a NEWLY formed employer and have not filed a form UC 7823 (Wage and Tax), but will be required to file in the future.
- We are not required to file form UC 7823 (Wage and Tax) with the Wisconsin Department of Workforce Development because:
 - We are a commercial employer and did not pay wages of more than \$1,500 in any quarter in any calendar year.
 - We are a commercial employer and did not employ one or more individuals for some part of a day 20 or more weeks in any calendar year.
 - We are an agricultural employer and did not pay cash wages of more than \$20,000 in any quarter in any calendar year.
 - We are an agricultural employer and did not employ ten or more individuals for some part of a day 20 or more weeks in any calendar year.
 - We are a domestic employer and did not pay cash wages of more than \$1,000 in any quarter in any calendar year.
 - We are a 501(c)(3) entity and did not employ four or more individuals for some part of a day 20 or more weeks in any calendar year.
 - Our only employees are principal officers of a corporation, partners or members of a limited liability company and elected to be excluded from coverage under Wisconsin's Unemployment Compensation Act.
 - Other (Please explain.): _____

Certification

I certify that the above information and the attached documentation are true and correct to the best of my knowledge.

Dated this _____ day of _____, 20_____.

By: _____

(Signature)

(Printed Name)

(Printed Title of Authorized Representative)