



**Oklahoma Supplemental Employment Verification**

To be used with the OESC report or other proof of wages documentation

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
SIC Code

\_\_\_\_\_  
Employer's Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

- Proof-of-wages documentation is required when enrolling new small groups. We encourage employers to submit the most recent quarterly Wage and Tax Report (commonly referred to as the OESC report). If a current OESC report is not available, we will accept payroll reports containing details similar to those found on a Wage and Tax Report.
- You must submit this form (Oklahoma Supplemental Employment Verification-OSEV) when you have hired or are compensating employees other than those found on your proof-of-wages documentation.
- On your proof-of-wages documentation, please mark each employee listed with the appropriate status code from the list below.
- Additionally, the status codes below should be used on page 2 of this form.

Each full-time employee must complete an enrollment application indicating whether they are requesting or declining coverage.

**STATUS CODES**

- F Full-time employee who works 24 or more hours per week
- P Part-time employee who works less than 24 hours per week
- I Independent contractor
- O Owners, partners and officers
- S Seasonal employee or temporary employee
- D Totally disabled employee
- C Continued employee under state or federal law
- T Terminated, no longer employed by the company
- W Full-time employees in waiting period

**On page 2 of this form please list employees not found on the OESC report or payroll report.**

- New employees who work a minimum of 24 hours per week
- Owners, partners and officers
- Independent contractors
- Other  
*(Please define employees who fall into this category so BCBSOK may determine if they are eligible for coverage.) All individuals should be listed even if they decline coverage.*

	NAME	DATE OF FULL-TIME EMPLOYMENT	HOURS WORKED PER WEEK	STATUS CODE	APPLYING FOR COVERAGE (YES) DECLINING COVERAGE (NO) ATTACH APPLICATION
1					<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> No
6					<input type="checkbox"/> Yes <input type="checkbox"/> No
7					<input type="checkbox"/> Yes <input type="checkbox"/> No
8					<input type="checkbox"/> Yes <input type="checkbox"/> No
9					<input type="checkbox"/> Yes <input type="checkbox"/> No
10					<input type="checkbox"/> Yes <input type="checkbox"/> No
11					<input type="checkbox"/> Yes <input type="checkbox"/> No
12					<input type="checkbox"/> Yes <input type="checkbox"/> No
13					<input type="checkbox"/> Yes <input type="checkbox"/> No
14					<input type="checkbox"/> Yes <input type="checkbox"/> No
15					<input type="checkbox"/> Yes <input type="checkbox"/> No
16					<input type="checkbox"/> Yes <input type="checkbox"/> No
17					<input type="checkbox"/> Yes <input type="checkbox"/> No
18					<input type="checkbox"/> Yes <input type="checkbox"/> No
19					<input type="checkbox"/> Yes <input type="checkbox"/> No
20					<input type="checkbox"/> Yes <input type="checkbox"/> No
21					<input type="checkbox"/> Yes <input type="checkbox"/> No
22					<input type="checkbox"/> Yes <input type="checkbox"/> No
23					<input type="checkbox"/> Yes <input type="checkbox"/> No
24					<input type="checkbox"/> Yes <input type="checkbox"/> No
25					<input type="checkbox"/> Yes <input type="checkbox"/> No

In accordance with Oklahoma law, this form must be completed and submitted with a copy of your company's Oklahoma Employment Security Commission Report (OESC) for the most recent quarter filed. If additional space is needed, please use another Supplemental Employment Verification form. All forms used must be signed and dated.

This will acknowledge that my place of business is located within the State of Oklahoma.

*I, hereby, certify that the information provided herein is true and correct to the best of my knowledge.*

**WARNING: Any person who knowingly and willfully makes a false or fraudulent statement or representation in or relative to any application for insurance, or who makes any such statement to obtain a fee, commission, money or benefit shall be guilty of a misdemeanor in accordance with Title 36, § 1204 of the Oklahoma Statutes.**

Print Name of Group Administrator: \_\_\_\_\_

Authorized Signature of Group Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

BCBSOK reserves the right to request documents verifying the above information. In addition, it reserves the right to reverify employment information at any time during the course of your contract with BCBSOK.