CaliforniaChoice
Your Health. Your Choice.

Common Ownership Statement

Re: Multiple companies enrolling as one group

I hereby certify that the companies listed below have related industries and share common ownership:

Company 1	Nature of Business
Company 2	Nature of Business
Company 3	Nature of Business

The name(s) and title(s) of the common principal(s) are as follows:

Principal 1	Title
Principal 2	Title
Principal 3	Title

1. **I understand** that the above statements are subject to audit at any time.
2. **I agree** to provide California*Choice* Benefit Administrators with any and all information necessary to prove the above statements.
3. **I understand** that if I am unable to provide the requested information, all California*Choice* benefits will be rescinded retroactive to our effective date, and I will be held responsible for all services and charges incurred through California*Choice* program providers.
4. **I understand** that any persons, business, or health plan that suffers a loss because of false declarations contained in this statement of California business certification may have cause to bring civil action against me to recover their losses.

Company Name	DBA
Owner/Partner Signature	Witness Signature
Print Name	Print Name
Date	Date

Groups with less than 5 employees enrolled must provide proof of common ownership as requested by California*Choice* Underwriting.

CC 0553 05/2000