



Your Health. Your Choice.

721 S. Parker, Suite 200, Orange, CA 92868

# Owner/Partner Statement

**I attest that while I am not listed on the DE-6 quarterly wage report of this company with full-time wages, the following conditions are true:**

- ▶ I am actively at work at the company named below;
- ▶ I draw wages, dividends or other distributions from this company on at least a monthly basis and do not derive a full-time earned income from any other employment;
- ▶ I work the minimum number of hours for this company to be considered a full time eligible employee, but not less than 20 hours per week.

1. **I understand** that the above statements are subject to audit at any time.
2. **I agree** to provide CaliforniaChoice 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 **I understand** that if I am unable to provide the requested information, all CaliforniaChoice benefits will be rescinded retroactive to our effective date, and I will be held responsible for all services and charges incurred through CaliforniaChoice program providers.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 owner/partner eligibility may have cause to bring civil action against me to recover their losses.

**I DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.**

\_\_\_\_\_  
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 eligibility for each owner as requested by CaliforniaChoice Underwriting**

- ❖ Forms not thoroughly completed will be returned
- ❖ Use one form per owner/partner
- ❖ Photocopy additional forms as needed

Employer/Cal Choice Use Only				
Group #				