



Owner/Partner Statement

721 South Parker, Suite 200, Orange, CA 92868
Fax (866) 388-8322

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 that are not equal to less than the current minimum wage, 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 false statements and/or failure to provide the information upon request will cause the termination of all CaliforniaChoice benefits 15 days following the date of the notice of termination and I will be held responsible for all services and charges incurred through CaliforniaChoice program providers thereafter.
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/CaliforniaChoice
Use Only**

Group #