

Owner/Partner Statement



CaliforniaChoice 51+
Your Health. Your Choice.®

721 South Parker, Suite 200
Orange, CA 92868
(866) 451-7587

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 30 hours per week.

1. **I understand** that the above statements are subject to audit at any time.
2. **I agree** to provide CaliforniaChoice **51+** 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 **51+** 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 **51+** 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

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

Employer/Staff Use Only				
Group #				
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