



CaliforniaChoice[®]
Your Health. Your Choice.[®]

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

Owner/Partner Statement

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

****SUBMIT FORM ONLY FOR CALIFORNIACHOICE[®] ENROLLMENT****

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 (that are not less than the current minimum wage) 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 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/officer as requested by CaliforniaChoice Underwriting

Employer/CaliforniaChoice Use Only				
Group #				
□	□	□	□	□