

**KAISER PERMANENTE CHOICE SOLUTION**

A CHOICE Administrators® Program

**Owner/Partner Statement**

721 South Parker, Suite 200, Orange, CA 92868  
Fax (800) 566-0399

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

**\*\*SUBMIT FORM ONLY FOR KAISER PERMANENTE CHOICE SOLUTION 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 CHOICE 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 Kaiser Permanente Choice Solution benefits 15 days following the date of the notice of termination and I will be held responsible for all services and charges incurred through Kaiser Permanente Choice Solution 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

**Owners not listed on DE6/payroll with at least minimum wage salary must complete the Owner/Partner form and provide proof of eligibility (i.e. tax documents for preceding calendar year).**

CHOICE Administrators® Staff Use Only				
Group #				