

- Forms not thoroughly completed will be returned
- Use one form per owner/partner

**I attest that while I am not listed on the 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 a regular 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® 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 30 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.

Name (please print)

Title

Company Name

Percentage of Ownership in Firm

Please check the box that applies

- Sole Proprietor
- Corporate Officer
- Partner
- Limited Liability Company (LLC) Member

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

\_\_\_\_\_  
Owner / Partner Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date (MM/DD/YYYY)

