



**Re: Multiple companies enrolling as one group**

**I hereby certify that the companies listed below have related industries and share common ownership:**

\_\_\_\_\_  
Company 1

\_\_\_\_\_  
Nature of Business

\_\_\_\_\_  
Company 2

\_\_\_\_\_  
Nature of Business

\_\_\_\_\_  
Company 3

\_\_\_\_\_  
Nature of Business

**The name(s) and title(s) of the common principal(s) are as follows:**

\_\_\_\_\_  
Principal 1

\_\_\_\_\_  
Title

\_\_\_\_\_  
Principal 2

\_\_\_\_\_  
Title

\_\_\_\_\_  
Principal 3

\_\_\_\_\_  
Title

1. **I understand** that the above statements are subject to audit at any time.
2. **I agree** to provide ChoiceBuilder® 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 cancellation of all ChoiceBuilder benefits 15 days following the date of the notice of cancellation and I will be held responsible for all services and charges incurred through ChoiceBuilder 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 business certification may have cause to bring civil action against me to recover their losses.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
DBA

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

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

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

**Groups with less than 5 employees enrolled must provide proof of common ownership as requested by ChoiceBuilder underwriting.**