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www.choicebuilder.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 CHOICEBUILDER® ENROLLMENT****

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 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.

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 termination of all ChoiceBuilder benefits 15 days following the date of the notice of termination 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 owner/partner eligibility may have cause to bring civil action against me to recover their losses.

I DECLARE UNDER THE PENALTY OF PERJURY BASED ON THE APPLICABLE LAWS OF THE STATE IN WHICH THIS DOCUMENT IS EXECUTED THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

Company Name

DBA

Owner/Partner Signature

Witness Signature

Print Name

Print Name

Date (MM/DD/YYYY)

Date (MM/DD/YYYY)

Groups with less than 5 employees enrolled must provide proof of eligibility for each owner/officer as requested by ChoiceBuilder Underwriting

Employer/ChoiceBuilder Use Only					
ChoiceBuilder Group #					
B					