

# Common Ownership Statement

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

**I hereby certify that the companies listed below meet the following requirements:**

1. Have related industries
2. Able to file joint payroll taxes
3. Share at least 50% common ownership
4. Each company has at least 1 eligible employee
5. The total number of eligible employees for all combined groups does not exceed 100

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

\_\_\_\_\_  
Industry

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

\_\_\_\_\_  
Industry

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

\_\_\_\_\_  
Industry

**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 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 California business certification may have cause to bring civil action against me to recover their losses.

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

\_\_\_\_\_  
DBA Name

\_\_\_\_\_  
Owner/Partner's Signature

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

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

\_\_\_\_\_  
Witness's Signature

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

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

