



## 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 UNDER THE 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 #

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