

Common Ownership Statement

Re: Multiple companies enrolling as one group

I hereby certify that the companies listed below have related industries and share at least 50% 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

Requirements:

- Each company has at least 2 medically enrolled employees/owners
 - The total number eligible for all combined groups do not exceed 50
1. **I understand** that the above statements are subject to audit at any time.
 2. **I agree** to provide CHOICE Administrators 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 Kaiser Permanente Choice Solution benefits 15 days following the date of the notice of termination and I will be held responsible for all services and charges incurred through Kaiser Permanente Choice Solution 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

Owner/Partner Signature

Witness Signature

Print Name

Print Name

Date

Date

Groups with less than 5 employees enrolled must provide proof of common ownership as requested by CHOICE Administrators Underwriting.