

# SMALL GROUP QUALIFICATION

To: **Kaiser Permanente Choice Solution**

Re: **SB578 Legislation**

**I attest that while my company currently employs more than 50 eligible\* employees, one or more of the following statements is true:**

- For at least fifty percent of the preceding calendar year, my company employed 50 or less eligible\* employees
- For at least fifty percent of the preceding calendar quarter, my company employed 50 or less eligible\* employees

*\*Employees that work a minimum of hours to be considered eligible for coverage. (20+ or 30+ hours per week determined by the Employer)*

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 employees 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 'Small Group' qualification may have cause to bring civil action against our company to recover their losses.

**I DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.**

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

\_\_\_\_\_  
DBA

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

\_\_\_\_\_  
Witness Signature

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**KAISER PERMANENTE CHOICE SOLUTION**

A *CHOICE* Administrators Program