



Small Business Owner Eligibility Statement

Company name: _____

Entity type: Sole proprietor Corporation LLC Partnership LP LLP
 Other _____

If you are a shareholder, member, officer, or have ownership stake in this company and are not listed on the Quarterly State Tax Withholding report, payroll, or have not yet taken a draw from this company due to the start date of the business:

1. I attest that the following is true:
 - a. I am a shareholder, member, officer, or have an ownership stake in the above-named company.
2. If I am enrolling in or refusing coverage as an "eligible employee", I attest the following is true:
 - a. I am actively at work at this company working an average of 30 hours per week over the course of a month on a permanent and full-time basis; OR
 - b. I am actively at work at this company on a permanent basis and I have worked at least 20 hours, but no more than 29 hours, per normal work week, for at least 50% of the weeks in the previous calendar quarter, and the company is offering part-time coverage to all similarly situated employees;
 - c. I do not derive substantial earned income from any other employer and am not eligible for other employer-sponsored coverage.
3. I will provide additional ownership/business validation documents, including the appropriate IRS forms, as requested.

I understand that this information will be subject to recertification (audit) at renewal and agree to provide Blue Shield of California, or its affiliates, with any and all information and documentation necessary to prove the above statements. I also understand that any misrepresentation by me of my true circumstances may result in termination of group health coverage from Blue Shield of California, or its affiliates, Small Business health plan for myself, my enrolled dependents, and/or this company.

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Owner signature

Date

Owner name (please print)