

Blue Shield of California Small Group Owner Eligibility Statement

Company name:

Entity type: Sole proprietorship Corporation LLC Partnership LLP
 Other

Owner name:

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 group.

b. 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.

c. I do not derive substantial earned income from any other employer and am not eligible for other employer-sponsored coverage.

2. 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 BSC, 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 BSC, or its affiliates, Small Group health Plan for myself, my enrolled dependents and or/this company.

Signature

Date