

# 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.
    - 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 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.

---

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner name (please print)