



An Independent Licensee of the Blue Cross and Blue Shield Association

### Group Certification Document (Exhibit B1)

Please complete this document and have it signed by the group's authorized representative.

**1. Eligible Employee Verification for Small Employers**

- Under state law, an employer who has at least 2, but not more than 50 eligible employees on a typical business day during any one calendar year is considered a small employer. In addition, a small employer is also not a part of a larger or state-wide or multi-state or national employer that has additional eligible employees at any other location within Arizona or outside of Arizona. An employee is considered an "eligible employee" if he or she is eligible to participate in a health benefit plan, regardless of whether Blue Cross Blue Shield of Arizona (BCBSAZ) or other health insurers offer the plan, and regardless of whether the employee chooses to participate.

On a typical business day how many employees, (count all employees throughout the U.S.), are eligible for health benefit plan coverage?

Arizona Employees: \_\_\_\_\_ Out-of-State Employees: \_\_\_\_\_ Total Employees: \_\_\_\_\_

**2. Medicare vs. Employer as Primary Coverage for Working Aged**

- Under federal law, certain employers must provide group benefits primary to Medicare for their active employees age 65 and over, as well as for spouses age 65 and over. If your company had 20 or more full and part-time employees each working day, for 20 or more calendar weeks during the current or preceding calendar year, you must provide group benefits primary to Medicare.

Did your company have 20 or more full and part-time employees, (count all employees throughout the U.S.), for 20 or more calendar weeks during the:

Current calendar year (Check one): YES: \_\_\_\_\_ NO: \_\_\_\_\_ Preceding calendar year (Check one): YES: \_\_\_\_\_ NO: \_\_\_\_\_

Please Note: If you answered "no" in "preceding calendar year," skip questions 3 & 4.

**3. Medicare vs. Employer as Primary Coverage for Disabled Individuals**

- Under federal law, certain employers must provide group benefits primary to Medicare for their Medicare eligible disabled employees, as well as Medicare eligible disabled spouses and dependents. If you had more than 100 full and part-time employees for at least 50% of the workdays during the preceding calendar year, you must provide group benefits primary to Medicare.

Did your company have 100 or more full and part-time employees, (count all employees throughout the U.S.), for at least 50% of the workdays during the preceding calendar year?

(Check one): YES: \_\_\_\_\_ NO: \_\_\_\_\_

**4. COBRA**

- Under federal law, employers with 20 or more full and part-time employees for at least 50% of the workdays during the preceding calendar year must offer COBRA continuation within the group's benefit plan.

Did your company have 20 or more full and part-time employees, (count all employees throughout the U.S.), for 50% of the workdays during the preceding calendar year?

(Check one): YES: \_\_\_\_\_ NO: \_\_\_\_\_

**5. Recent Coverage History**

- An employer that qualifies as a small employer under question 1 above, and has not provided insurance to employees for six consecutive months prior to the effective date of coverage being applied for, can qualify for a policy that does not include certain benefits that would otherwise be legally mandated.

Has your company provided health insurance coverage to your employees during the past six months?

(Check one): YES: \_\_\_\_\_ NO: \_\_\_\_\_

I understand that BCBSAZ is relying on my answers to the 5 questions above to determine my group's premium tax obligations; whether my employees have COBRA rights; whether Medicare will be the primary payer of claims for my Medicare eligible insureds; and whether my company qualifies for a policy that omits certain mandated benefits. I affirm that these answers are true to the best of my knowledge and belief. I also understand that I am responsible to promptly notify BCBSAZ if my answers to question #2 (Medicare Working Aged) change during the course of my plan year because I have gained or lost employees. By the signature below, Employer hereby authorizes BCBSAZ to release to Employer's Broker of Record a copy of the Group Master Contract and/or any and all rate and/or fee information. This authorization does not include any personal health information or other information covered by HIPAA.

Authorized Signature

Date

Employer Name