

## MEDICARE SECONDARY PAYOR (MSP) CERTIFICATION REVISION DOCUMENT

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

Employer Name: \_\_\_\_\_

BCBSAZ Group #: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

### 1. 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: \_\_\_\_\_

I understand that Blue Cross BlueShield of Arizona is relying on my answer to the above question to determine whether Medicare will be the primary payor of claims for my Medicare eligible insureds. I affirm that this answer is true to the best of my knowledge and belief. I also understand that I am responsible to promptly notify BCBSAZ if my answer to the above question (Medicare Working Aged) changes during the course of my plan year because I have gained or lost employees.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Please Print

\_\_\_\_\_  
Date



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