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New Jersey Small Employer Certification

Legal Name and Address of Employer	Group Policy Number or Group Number (if a current customer)

For purposes of certification as a New Jersey Small Employer, an Employer is considered to be a Small Employer if the Employer satisfies the definition set forth below.

Employee and Small Employer Definitions

The definition of Small Employer counts employees as defined below.

<u>Employee</u> means an employee of the Policyholder. An individual and his or her legal spouse when the business is owned by the individual or by the individual and his or her legal spouse, partners in a partnership, sole proprietors, a 2-percent S corporation shareholder and independent contractors are **not** employees of the Policyholder.

<u>Small Employer</u> means in connection with a Group Health Plan with respect to a Calendar Year and a Plan Year, an employer who employed an average of at least 1 but not more than 50 <u>employees</u> on business days during the preceding Calendar Year and who employs at least 1 employee on the first day of the Plan Year.

All persons treated as a single employer under subsection (b), (c), (m) or (o) of section 414 of the Internal Revenue Code of 1986 shall be treated as one employer.

In the case of an employer which was not in existence throughout the preceding calendar year, the determination of whether such employer is a small or large employer shall be based on the average number of employees that it is reasonably expected such employer will employ on business days in the current calendar year.

The following calculation must be used to determine if an employer employs at least 1 but not more than 50 employees. For purposes of this calculation:

- a) Employees working 30 or more hours per week are full-time employees and each full-time employee counts as 1;
- b) Employees working fewer than 30 hours per week are part-time and counted as the sum of the hours each part-time employee works per week multiplied by 4 and the product divided by 120 and rounded down to the nearest whole number.

Add the number of full-time employees to the number that results from the part-time employee calculation. If the sum is at least 1 but not more than 50 the employer employs at least 1 but not more than 50 employees.

Please note: Small Employer includes an employer that employs more than 50 full-time employees if the employer's workforce exceeds 50 full-time employees for no more than 120 days during the calendar year and the Employees in excess of 50 who were employed during such 120-day or fewer period were seasonal workers.

Full-Time Employee Definition

The definition of Full-time Employee is used to determine <u>eligibility</u> for coverage under a small employer plan. Full-time employees are counted when determining participation for a small employer.

Full-Time Employee means an employee who works a normal work week of 30 or more hours. Work must be at the Policyholder's regular place of business or at another place to which an employee must travel to perform his or her regular duties for his or her full and normal work hours.

Please note that the above definition of Small Employer above considers full-time to be 30 hours per week and that definition of full-time is used solely for determining whether an employer is a Small Employer. For purposes of determining which employees are eligible for insurance under a Small Employer plan and whether the Small Employer meets the participation requirement, full-time is defined as 25 hours per week.

Please Note; Eligible employees and dependents to be covered must live, work, or reside in the service area of the Group Health Plan.

All employees must be included, regardles	s of whether or not	they currently have	ve medical coverage a	and through whom					
hat coverage is provided. Number of Employees or Former Employees									
Work Location (list by State)	Full-time	Part-time	COBRA or State Continuees	Other					
The following information will be used to capage 1 that counts employees working 25			r to the definition of "fo	ull-time employee" on					
Total # Full time employees									
Total # Full-time employees applying/enro	lling for health bene	fits coverage							
Total # Full-time employees waiving health coverage under their spouse's or parent's NJ FamilyCare or Tricare or any other groudifferent employer.	group coverage, Me	edicare, Medicaid,							
Total # Full-time employees waiving health with coverage under a Health Benefits Pla by the small employer:			fered						
Please separately list the name(s)	of the other carrier(s) and the numbe	r of employees covere	ed under each:					
Total # Full-time employees waiving health coverage under a spouse's or parent's grown NJ FamilyCare or Tricare or any other Health	oup coverage; Medic								
Total # Employees in an ineligible class or	classes								
The following information will be used to de	etermine how certai	n federal laws ap	ply to the Small Emplo	oyer.					
Is your firm subject to Working Aged Provi (You <i>may</i> be subject to the law if you emp									
Is your firm subject to the requirements of (You <i>may</i> be subject to the law if you emp previous calendar year.)				No orking days during the					
What is the average number of employees they were eligible or enrolled for group cov		ng the entire pre v	vious calendar year i	regardless of whether					
(When answering this question please coupart-time and seasonal workers.)	nt any employee fo	whom your comp	pany issues a W-2 an	d include full-time,					

Please indicate below the number of employees by work location/State. Refer to the definition of "employee" on page 1.

CERTIFICATION AS A SMALL EMPLOYER IN THE STATE OF NEW JERSEY

For a Group Health Benefits Plan

Please sign and date appropriate section indicating whether or not you meet the definition of a small employer.

☐ I (certify	that I q	ualify a	as a Sn	nall En	nploye	in the	State	of New	Jerse	у				
above covers may v	e inform age doe oid hea certify t	ation is es not l alth ber that I h	not con ave to nefits con ave ob	mplete be offe verage	or is no ered or and m	ot provi continu aintain	ded to ed. I fu a stand	AmeriH ırther u	lealth ir ndersta	n a time and tha	ely mar t incom	ner, the		benefits nformation	
Signa	ture of (Officer,	Partner	or Owne	er					Т	itle	• • • • • • • • • • • • • • • • • • • •			
Print	Name o	f Officer	, Partne	r or Pro	prietor			-		D	ate				
Signa	ture of \	Vitness						-	— Da	ate			_		
□ 1c	ertify th	nat I am	NOT a	Small E	mploye	er in the	State o	of New	Jersey a	as defir	ned abo	ve.			
Signa	ature of (Officer,	Partner	or Owne	er				Title						
Print	Name o	f Officer	, Partne	er or Pro	prietor			-		D	ate		_		
Signa	ature of \	Witness						-	Da	ate					
anuary 1 th mployee is overed by otal, and th f the busin roprietorsh	ny person who includes any false or misleading information on an application or enrollment form or entification for a health benefits plan is subject to criminal and civil penalties. Invary 1 through December 31 – What is the average number of employees you employed including any affiliated companies* during the prior calendar year. An apployee is any person to whom you issue a W-2. This includes full-time, part-time, and seasonal workers who may or may not have been eligible for your medical plan or evered by Carrier. To calculate average number of employees, determine the average number of employees for each month, add each month's number to get an annual al, and then divide by 12. Round to the nearest whole number. The business is aggregated with one or more other businesses and treated as a single employer under subsection (b) controlled group of corporations, (c) partnerships, prietorships, etc., under common control, (m) employees of an affiliated service group, or (o) other regulations of section 414 of the Internal Revenue Code, then please by the combined total number of employees for all businesses that are included in the "single employer group" under the Internal Revenue Code.														
Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Average divided by 12	
ΓEE														·	
T EE															
easonal Total															
rotai	1	1	1	1	1	1	1	1		1				1	

Complete this section if you have certified that the Employer is a Small Employer

* CENSUS INFORMATION

Please include the following persons in the following list:

- a employees, owners, partners, and officers who are actively working for the employer on a regular basis, and are paid by the employer on a regular basis, whether or not they are eligible to be covered under the policy.
- b employees, owners, partners and officers who are not working, but who are currently covered under the employer's health benefits plan for reasons such as continuation of coverage or total disability.

Please use the following letters to indicate Status:

- O: Owner, partner or officer
- **F**: Full-time employee who works 25 or more hours per week.
- P: Part-time employee who works less than 25 hours per week.
- T: Temporary employee
- **S**: Seasonal employee (employee works fewer than 120 days per year)
- D: Totally Disabled employee
- C: Continuee under state or federal law
- U. Employee participating in an employee welfare arrangement established pursuant to a collective bargaining agreement.

Name	Job Title	Date of Employment	Hours worked per	Status	Work Location (State)	Date of Birth
			week			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

^{*}If additional space is needed, attach a separate sheet.

If you have less than 5 (Five) enrolled employees, please include tax documents that show proof of ownership and employment for all eligible employees. Acceptable documents include:

*New Jersey WR-30 - Employer Report of Wages Paid

^{*}W-2 (if recent)

^{*}W-4 (if needed to verify recent new hire)

^{*}Payroll documents showing taxes taken out

^{*}Schedule C, Schedule K-1, or Schedule F (for owners only)

^{*}Schedule G (C-Corporations)