Horizon Blue Cross Blue Shield of New Jersey

# NEW JERSEY SMALL EMPLOYER CERTIFICATION

Legal Name and Address of Company: _____
Name

_____
Street City State ZIP

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 **either** of the definitions set forth below. Check which definition applies to the Employer named above.

☐ **(A) Small Employer pursuant to N.J.S.A. 17B:27A-17 modified as required by 26 U.S.C. 4980H**
This definition counts eligible employees. Eligible employee means a full-time employee who works a normal work week of 25 or more hours. Eligible employee excludes sole proprietors, a partner in a partnership, independent contractors, spouses and employees working fewer than 25 hours per week, employees working on a temporary or substitute basis and employees participating in an employee welfare arrangement pursuant to a collective bargaining agreement.

In connection with a Group Health Plan with respect to a Calendar Year and a Plan Year, any person, firm, corporation, partnership, or political subdivision that is actively engaged in business that:

- employed an average of at least one, but not more than 50, eligible employees on business days during the preceding Calendar Year, and
- employs at least one eligible employee on the first day of the Plan Year.

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

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 that was not in existence during the preceding Calendar Year, the determination of whether the employer is a small or large employer shall be based on the average number of Employees that it is expected that the employer will employ on business days in the current Calendar Year.

☐ **(B) Small Employer pursuant to 45 C.F.R. 155.20**
This definition counts employees. Employee means an individual who is an employee under the common law standard. Employee excludes a sole proprietor, a partner in a partnership and more than a 2 percent S corporation shareholder as well as immediate family members of such individuals. Employee also excludes a leased employee.

In connection with a Group Health Plan with respect to a Calendar Year and a Plan Year, an employer with a business location in the state of New Jersey who:

- employed an average of at least one but not more than 50 employees on business days during the preceding calendar year; and
- who employs at least one employee on the first day of the Plan Year.

Employees and any dependents to be covered must live, work or reside in the service area of the Group Health Plan.

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.

Complete the following sections if the Employer is a Small Employer as defined above in (A) or (B).

Please indicate below the number of employees by work **location/State.** **All** employees must be included, regardless of whether or not they currently have medical coverage and through whom that coverage is provided.

| | **Number of Employees** | | | |
|---|---|---|---|---|
| Work Location (list by State) | Full-time | Part-time | COBRA or State Continuees | Other |
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The following information will be used to calculate the **participation** rate. Refer to the definition of "eligible employee" on page 1.

Total # Eligible Employees _____

Total # Eligible Employees applying/enrolling for health benefits coverage _____

Total # Eligible Employees waiving health benefits coverage under the policy with coverage under their spouse's coverage, other than individual coverage, Medicare, Medicaid, or NJ FamilyCare or Tricare or any other group Health Benefits Plan **through a different employer** _____

Total # Eligible Employees waiving health benefits coverage under the policy with coverage under a Health Benefits Plan **issued by another carrier and offered by the small employer** _____

Please separately list the name(s) of the other carrier(s) and the number of employees covered under each:

_____ _____

_____ _____

Total # Eligible employees waiving health benefits coverage under the policy without coverage under a spouse's or parent's group coverage; Medicare, Medicaid, or NJ FamilyCare or Tricare or any other Health Benefits Plan _____

Total # Employees in an ineligible class or classes _____

The following information will be used to determine how certain federal laws apply to the Small Employer.

Is your firm subject to Working Aged Provisions of federal law (TEFRA/DEFRA)? ☐ Yes ☐ No
(You *may* be subject to the law if you employed 20 or more employees for 20 weeks in the current or prior calendar year)

Is your firm subject to the requirements of the federal COBRA law? ☐ Yes ☐ No
(You *may* be subject to the law if you employed 20 or more employees during 50% or more of the working days during the previous calendar year.)

What is the **average** number of employees you employed during the entire **previous calendar year** regardless of whether they were eligible for enrolled for group coverage? _____

(When answering this question please count any employee for whom your company issues a W-2 and include full-time, part-time and seasonal workers.)

**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 which is an "either or" definition.

☐ I certify that I qualify as a Small Employer in the State of New Jersey in either. ☐ (A) ☐ (B)

**AND**

☐ I certify that the information provided to Horizon Blue Cross Blue Shield of New Jersey is true and complete. I understand that if the above information is not complete or is not provided to Horizon, in a timely manner, then health benefits coverage does not have to be offered or continued. I further understand that incomplete or untrue information may void health benefits coverage.

☐ I certify that I have obtained and maintain a stand-alone pediatric dental plan for all employees and dependents enrolling for health benefits coverage.

_____

*Signature of Officer, Partner or Owner* *Title* Date

_____

Print Name of Officer, Partner or Proprietor Date

_____

*Signature of Witness* Date

☐ **I certify that I am NOT a Small Employer in the State of New Jersey, as defined in either (A) OR (B) above.**

_____

*Signature of Officer, Partner or Proprietor* *Title* Date

_____

Print Name of Officer, Partner or Proprietor Date

_____

*Signature of Witness* Date

**Any person who includes any false or misleading information on an application or enrollment form or certification for a health benefits plan is subject to criminal and civil penalties.**

**Complete this section if you have certified that the Employer is a Small Employer using definition (A) or (B)**

***CENSUS INFORMATION**

Please include the following persons in the following list:

a. 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. 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
**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 Week | Status | Work Location (State) | Date of Birth |
|---|---|---|---|---|---|---|
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*If additional space is needed, attach a separate sheet.