



BLUE CROSS & BLUE SHIELD OF RHODE ISLAND CLASS VERIFICATION AND MSP FORM

Please complete the information below and submit it to Blue Cross & Blue Shield of Rhode Island (BCBSRI), along with the required waiver forms, within 20 business days:

1. Company Name: _____
(Include primary company and each affiliated company, when applicable)
2. Company Federal Tax Identification Number(s): _____
(Include primary company and each affiliated company, when applicable)
3. BCBSRI Group Number(s): _____
(Found on your monthly bill)
4. Company Telephone Number: _____ - _____ - _____
5. Indicate the total number of employees **eligible** to enroll in your health insurance plan: _____
(See definition of "eligible employee" on the reverse side of this form.)
6. Indicate the **total number of employees*** on payroll regardless of employment status: _____

**Total number of employees includes owners, full-time, part-time, seasonal, and temporary employees for your primary company and all affiliated companies. In most cases the "total number of employees" will be higher than "eligible employees." (See the MSP section on the reverse side.)*

I. Class Verification

As a result of the information provided during certification, your business was treated as a "small employer" for health insurance purposes. **If your business continues to qualify as a "small employer" under the definition described below, please sign this form.** Under the applicable law, "small employer" means any person, firm, corporation, partnership, association, political subdivision, or self-employed individual that is actively engaged in business (including a nonprofit organization) that:

- Is not formed primarily for purposes of buying health insurance;
- Has a bona fide employer-employee relationship with its employees; and
- On at least 50 percent of its working days during the preceding calendar quarter, employed no more than 50 "eligible employees" with a normal workweek of 30 or more hours (or down to 17.5 hours if applied uniformly among all employees), the majority of whom were employed within this state. In determining the number of eligible employees, (1) part-time, temporary, and substitute employees are not counted; (2) self-employed individuals, sole proprietors, partners in a partnership, and independent contractors are counted (if covered under the plan); and (3) companies that are affiliated companies, or that are eligible to file a combined tax return for purposes of taxation by this state, are considered one employer.

Coverage must be offered to all eligible employees and their dependents (even if the employer does not pay for coverage for all employees). To show compliance, the applicable law requires that small employers provide eligibility documentation for each employee that applies for coverage, and a waiver for each employee or dependent that declines coverage. **If an employer fails to provide this information, the law requires the carrier to non-renew the small employer.**

I hereby certify that: (1) I am authorized to act on behalf of the employer listed above; (2) the employer continues to be a "small employer" as defined above; and (3) the employer has offered coverage to all eligible employees and has either (a) provided appropriate supporting documentation to BCBSRI [for employees who choose to apply for coverage] or (b) provided a waiver form to BCBSRI [for employees and their dependent(s) who decline coverage].

Signature: _____
Authorized Signature

Print Title: _____

Print Name: _____

Date: ____ / ____ / _____

II. Medicare as Secondary Payor (MSP)

In order to determine eligibility for a Medicare as Secondary Payor rate credit, the Centers for Medicare and Medicaid Services (CMS) requires that we obtain the total number of employees employed by your company.

Medicare is a secondary payor to Group Health Plans (GHP) for the “working aged” where either:

- a) A single employer of 20 or more employees is the sponsor of the GHP or is a contributor to the GHP; or
- b) Two or more employers are sponsors or contributors, and at least one of them has 20 or more employees.

The “20 or more employees” threshold is met whenever an employer has 20 or more full- and/or part-time employees for 20 or more calendar weeks in the current calendar year or in the preceding calendar year. The “20 or more employees” threshold is not limited to employees who enroll in the plan.

“Employee” means an individual who is working for the employer. It also includes an individual who is not working for the employer, but is receiving payments from the employer that are subject to FICA, or would be if the employer were not exempt from those taxes.

Leased employees are treated as “employees” of the person who leases them for purposes of the 20-employee threshold, if: (a) the services are provided pursuant to an agreement between the recipient and any other person; (b) the leased employee has performed such services for the employer (or for the employer and related persons) on a substantially full-time basis for a period of at least one year; and (c) such services are performed under primary direction or control by the employer.

Eligible Employee

"Eligible employee" generally means an employee who works on a full-time basis with a normal workweek of thirty (30) or more hours. At your sole discretion, "eligible employee" can include all full-time employees who work a normal workweek anywhere between 17.5 and 30 hours, as long as you apply the same eligibility criteria to all employees and without regard to any health status related factor.

The term "eligible employee" may include a self-employed individual, a sole proprietor, a partner in a partnership, or an independent contractor if any of those individuals are included as employees under your health benefit plan.

The term "eligible employee" does not include temporary employees, substitute employees, or employees who work less than seventeen and one-half (17.5) hours per week. Any retiree under contract with any independently incorporated fire district is also included in the definition of eligible employee.