

AmeriHealth Insurance Company
AmeriHealth HMO, Inc.
Mellon Bank Center
919 N. Market Street ■ Suite 1200
Wilmington, DE 19801-3021



AHDE Small Employer Certification

Employer Name _____ Mailing Address _____

Benefit Manager _____

Number of Eligible Employees _____

Present Insurance _____ Phone _____

EMPLOYEE CENSUS INFORMATION

Please include the following persons in the following list:

- a) employees, owners, partners, officers, and independent contractors who are actively working for the employer on a regular basis, whether or not they are eligible to be covered under the policy;
- b) employees, owners, partners, officers, and independent contractors 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:

- F: Full-time employee who works 25 or more hours per week
- I: Independent Contractor
- P: Part-time employees who work less than 25 hours per week
- D: Total Disabled employee
- T: Temporary employee
- C: Continue under state or federal law
- U: Employee participating in an employee welfare arrangement established pursuant to a collective bargaining agreement

No.	Date of Birth	Age <small>(as of Requested Effective Date)</small>	Employee Name	Status (circle one)
1	/ /	Yrs.		E ES EC ER F
2	/ /	Yrs.		E ES EC ER F
3	/ /	Yrs.		E ES EC ER F
4	/ /	Yrs.		E ES EC ER F
5	/ /	Yrs.		E ES EC ER F
6	/ /	Yrs.		E ES EC ER F
7	/ /	Yrs.		E ES EC ER F
8	/ /	Yrs.		E ES EC ER F
9	/ /	Yrs.		E ES EC ER F
10	/ /	Yrs.		E ES EC ER F
11	/ /	Yrs.		E ES EC ER F
12	/ /	Yrs.		E ES EC ER F
13	/ /	Yrs.		E ES EC ER F
14	/ /	Yrs.		E ES EC ER F
15	/ /	Yrs.		E ES EC ER F



Please indicate using the following status: EE = Employee, ES = Employee/Spouse, EC = Employee/Child, ER = Employee/Children, F = Family