



Please Mail To:
 AmeriHealth Insurance Company of New Jersey
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 Cranbury, NJ 08512
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New Jersey Small Employer Certification

Customer Name			Customer ID or Group Number (if a current customer)
Address of Company			
City	State	Zip	
<p>(For Existing Small Employer Groups in the State of New Jersey OR New Applicants)</p> <p>The following will be used to determine Small Employer eligibility. Please refer to the definition of "eligible employee" on the next page.</p>			
*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:			
Carrier Name(s):			
# of Employee(s):			
*Total # Eligible employees waiving health benefits coverage under the policy without coverage under a spouse's coverage, other than individual coverage; Medicare, Medicaid, or NJ FamilyCare or Tricare or any other Health Benefits Plan			
*Total # Employees in an ineligible class or classes			
*Is your firm subject to Working Aged Provisions of federal law (TEFRA/DEFRA)? <i>(You may be subject to the law if you employed 20 or more employees for 20 weeks in the current or prior calendar year.)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
*Is your firm subject to the requirements of the federal COBRA law? <i>(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.)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
*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? <i>(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.)</i>			

New Jersey Small Employer Certification

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 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 in (A) or (B) above.

New Jersey Small Employer Certification

CERTIFICATION AS A SMALL EMPLOYER IN THE STATE OF NEW JERSEY IN ACCORDANCE WITH NEW JERSEY STATUTE, CHAPTER 27A OF TITLE 17B

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. (A) (B)

AND

I certify that the information provided to AmeriHealth is true and complete. I understand that if the above information is not complete or is not provided to AmeriHealth 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 (If applicable).

Signature of Officer, Partner or Owner

Title

Date

Print Name of Officer, Partner or Proprietor

Signature of Witness

Date

I certify that I am NOT a Small Employer in the State of New Jersey as defined above.

Signature of Officer, Partner or Proprietor

Title

Date

Print Name of Officer, Partner or Proprietor

Signature of Witness

Date

New Jersey Small Employer Certification

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.

Group Health Benefits Policy Participation

COMPLETE THIS SECTION **ONLY** IF YOU HAVE CERTIFIED THAT YOU ARE A SMALL EMPLOYER IN THE STATE OF NEW JERSEY.

***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, 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, 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:

- | | |
|---|------------------------------|
| O: Owner, Partner or officer | S: Seasonal Employee |
| F: Full-time employee who works 25 or more hours per week | D: Totally Disabled employee |
| P: Part-time employee who works less than 25 hours per week | T: Temporary employee |
| C: Continue under state or federal law | I: Independent Contractor |
| U. Employee participating in an employee welfare arrangement established pursuant to a collective bargaining agreement. | |

If you have listed less than 5 (five) eligible employees, please include tax documents that show proof of ownership and/or 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)*

New Jersey Small Employer Certification

Name	Job Title	Date of Hire	Hours worked per week	Status	Work Location (State)	Residence Location (State)	Gender	Date of Birth		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

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

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.

Work Location (List by State)	Number of Employees				
	Full-time	Part-time	Retired	COBRA or State Continuees	Other