Group Name: _____

NOTICE REQUIRED BY INSURANCE REGULATION 11.Section 3(d)

Blue Cross & Blue Shield of Rhode Island has become aware that your company has more than fifty (50) eligible employees. "Eligible employee" means an employee who works on a full-time basis with a normal work week of thirty (30) or more hours, except that at your sole discretion, the term can also include an employee who works on a full-time basis with a normal work week of anywhere between at least seventeen and one-half (17.5) and thirty (30) hours, so long as this eligibility criterion is applied uniformly among all of the your employees and without regard to any health status-related factor. The term "eligible employee" also includes a self-employed individual, a sole proprietor; a partner of a partnership, and may include an independent contractor, if the self-employed individual, sole proprietor, partner, or independent contractor is included as an employee under your health benefit plan, but does not include an employee who works on a temporary or substitute basis or who works less than seventeen and one-half (17.5) hours per week.

You have certified that you employ more than fifty (50) eligible employees, and we have determined that you no longer meet the definition of a small employer under the Small Employer Health Insurance Availability Act (the "Act"). If you renew your current health benefit plan as is, you will continue to qualify for coverage under the Act. However, the provisions and protections of the Act will cease to apply to you if you fail to renew your current health benefit plan or elect to enroll in a different plan.

Please check below which classification you would prefer for your group. Sign, date, and return to your marketing representative at: Blue Cross Blue Shield of RI, 500 Exchange Street, Providence, RI 02903. If you have any questions please feel free to contact your account representative for more information.

I request that my group be classified as a: Small Employer _____ or Large Employer_____

_____   _____
Signature of group administrator   Date

IER 7/2014