



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

Please complete the information below and submit to Blue Cross & Blue Shield of Rhode Island (BCBSRI) within the number of days indicated in the cover letter.

1. **Company Name:** _____
(includes primary company and each affiliated company, when applicable)

2. **BCBSRI Group Number(s):** _____
(Found on your monthly bill)

3. **Please check the one that applies:**
☐ I **do want** to renew my coverage with BCBSRI
☐ I **do not want** to renew my coverage with BCBSRI _____
Signature Required for Cancellations
Reason for Cancellation (please check one that applies):
☐ Buying coverage from another insurer (please specify) _____
☐ Buying BCBSRI coverage through HealthSource RI _____
☐ No longer offering coverage to employees
☐ Other _____

4. **Company Federal Tax Identification Number:** _____
(includes primary company and each affiliated company, when applicable)

5. **Company Telephone Number:** ____ -- ____ **Email:** _____

6. **Indicate the total number of employees** on your payroll **regardless** of employment status: _____
(See definition of "Total Number of Employees" and the MSP section on the reverse side of this form.)

7. **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.)

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 provided on the reverse, please sign this form.**

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.**

Please visit www.OHIC.RI.gov to review Regulation 11 for an explanation of the necessity of this documentation. Use the available "quick links" option and select "Regulations" to access Regulation 11.

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: ____/____/____

Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.



II. Medicare as Secondary Payer (MSP)

Medicare is a secondary payer to Group Health Plans (GHP) for the "working aged" where either:

a) A single employer of twenty (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 twenty (20) or more employees. The "20 or more employees" threshold is met whenever an employer has twenty (20) or more full- and/or part-time employees for twenty (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 1 year; and (c) such services are performed under primary direction or control of the employer.

III. Definitions

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.

Small Employer

"Small Employer" means any person, firm, corporation, partnership, association, political subdivision, or self-employed individual who is actively engaged in business, including, but not limited to, a business or a corporation organized under the Rhode Island Non-Profit Corporation Act, Chapter 6 of Title 7, or a similar act of another state that, on at least fifty percent (50%) of its working days during the preceding calendar quarter, employed no more than fifty (50) eligible employees, with a normal workweek of thirty (30) or more hours, the majority of whom were employed within this state, and is not formed primarily for purposes of buying health insurance and in which a bona fide employee-employer relationship exists. In determining the number of eligible employees, companies that are affiliated companies, or that are eligible to file combined tax return for purposes of taxation by this state, shall be considered one employer.

Total Number of Employees

"Total number of employees" includes owners, full-time, part-time, seasonal, and temporary employees for your primary company and all affiliated companies. The "total number of employees" will be equal to or greater than the number of "eligible employees."