

Group Name: _____

NOTICE REQUIRED BY INSURANCE REGULATION 82(3)(E)(2)

Blue Cross & Blue Shield of Rhode Island has become aware that your company has fifty (50) or fewer 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 fewer than fifty-one (51) eligible employees, and we have determined that you now qualify as a small employer under the Small Employer Health Insurance Availability Act (the "Act"). This Act provides certain rights, options, and protections not available to large employers, including:

- The option to purchase any health benefit plan actively marketed in the small employer market from any small employer carrier;
- Adjusted community rating;
- A cap on the minimum participation levels;
- Marketing and disclosure requirements;
- The statutory standardized health benefit plans (the basic, standard, and economy health benefit plans); and
- Your current health benefit plan may not be available in the small employer market.

You have the option of continuing to remain treated as a large employer if you renew your current health benefit plan. However, you also have the option of being treated as a small employer.

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, 444 Westminster Street, Providence, RI 02903. If you have any questions please feel free to contact your marketing representative for more information.

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

Signature of group administrator

Date

