



CIGNAHealthCare

New York Small Employer (<51) Certification Form

IMPORTANT NOTE: You must supply the information required below to comply with material plan provisions relating to employer group participation. You must supply the information along with your new group submission.

To determine if you qualify as a Small Employer under New York reform legislation, we must have current and accurate data each renewal regarding the number of eligible employees that you employ each year.

A small employer is any employer with a New York location, actively engaged in business that employs 2-50 eligible employees, with the largest employee presence employed within the state.

An eligible employee is any regular payroll (W2) employee who regularly works 20 or more hours per week. Owners, partners, and sole proprietors are considered employees. Independent contractors, part-time (<20 hrs per week), temporary or substitute employees, retirees and continuees are excluded and should not be counted when determining the total number of employees. Union employees may or may not be counted, depending upon their collective bargaining status.

When reporting the number of your eligible employees below, please note the following:

You must include all eligible employees:

Who meet the definition of an eligible employee as described above;

For all your work locations, whether or not you are/will be offering them health coverage;

In identifying the number of eligible employees, employers that are affiliated or that are eligible to file a combined tax return, shall be considered **one employer**.

Name and Address of Company

Account/Division

Location

Number of eligible employees

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information, or conceals for the purposes of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

The information provided above is true and correct to the best of my knowledge.

Signature of Officer/Partner/Owner

____/____/____
Date