



Horizon Blue Cross Blue Shield of New Jersey

EMPLOYMENT VERIFICATION FORM FOR GROUPS TWO TO FIVE ELIGIBLE

As a result of New Jersey Insurance Reform, mandated regulations govern the way in which Horizon Blue Cross Blue Shield of New Jersey issues and administers insurance policies. The criteria for eligibility regarding the creation and maintenance of a Small Group Plan may be found in Regulations @ N.J.A.C. 11:21 et seq.

I understand that pursuant to these Regulations, no individual shall become insured who is not a bona fide employee working on a full-time, compensated basis. Only full-time, compensated employees are eligible for coverage. A full-time compensated employee is one who regularly works at least 25 hours per week at the employer’s place of business for compensation.

I, _____, an Accountant/Attorney in the State of New Jersey, do hereby certify that I am the accountant for

_____ Inc.

I am EMPLOYED by: (provide name, address and telephone number of firm)

_____ .

I further certify that the following list of people are employees of the above listed company and fully meet the definition of “full-time employee” as set forth by the State of New Jersey in Regulations @ N.J.A.C. 11:21 et seq. The SEH reform policies, applications, etc. are standard forms published as Regulations @ N.J.A.C. 11:21 et seq., wherein the rules governing the reform market can be found.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

(Attach additional sheet if required - sign each additional sheet.)

I further certify that the information I have provided is accurate, complete and true. I understand the omission of facts or the material misrepresentations of a fact, is a violation of N.J.S.A. 17B:27A-23 et seq. and 17:33A, New Jersey Fraud Prevention Act, as well as 2C:21-4.3.C, Healthcare Claims Fraud with criminal and civil penalties attached.

PRINT NAME

SIGNATURE

DATE