

Oxford Health Insurance, Inc.

New Jersey Small Employer Certification

Mailing Address: NJ Small Group Enrollment Dept. • 14 Central Park Drive • Hookset, NH 03106 • 800-385-9088

For a Group Health Benefits Plan

Employer Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Group Policy Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Address: Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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City State Zip Code

EMPLOYEE CENSUS INFORMATION

Please include the following persons in the following list:

- a. Employees, owners, partners, officers, and independent contractors who are actively working for the employer on a regular basis, and are paid by the employer on a regular basis, whether or not they are eligible to be covered under the policy.
- b. Employees, owners, partners, officers, and independent contractors who are not working, but who are currently covered under the employer's health benefits plan for reasons such as continuation of coverage or total disability.

Please use the following letters to indicate Status:

- F:** Full-time employee who works 25 or more hours per week
- P:** Part-time employee who works less than 25 hours per week
- T:** Temporary employee
- I:** Independent Contractor
- D:** Totally Disabled employee
- C:** Continuee under state or federal law
- U:** Employee participating in an employee welfare arrangement established pursuant to a collective bargaining agreement

Name	Job Title	Date of Employment	Hours Worked Per Week	Status	Work Location (State)	Gender	Date of Birth

CERTIFICATION AS A SMALL EMPLOYER IN THE STATE OF NEW JERSEY IN ACCORDANCE WITH NEW JERSEY CH. 162

Group Health Benefits Policy Participation

All Questions Must Be Answered

An Eligible Employee is one who works on a full-time basis with a normal work week of 25 or more hours for pay. An employee who works less than 25 hours per week, on a temporary or substitute basis, or an employee participating in an employee welfare arrangement established pursuant to a collective bargaining agreement is not an eligible employee.

Total Number of Eligible Employees _____

Total Number of Eligible Employees applying/enrolling for health benefits coverage _____

Total Number of Eligible Employees waiving health benefits coverage under the policy with coverage under their spouse's coverage, other than individual coverage, Medicare, Medicaid, or NJ Family Care, or any other group Health Benefits Plan through a different employer _____

Total Number of Eligible Employees waiving health benefits coverage under the policy with coverage under a Health Benefits Plan issued by another carrier and offered by the small employer _____

Please separately list the name(s) of the other carrier(s) and the number of employees covered under each:

Total Number of Eligible Employees waiving health benefits coverage under the policy without coverage under a spouse's coverage, other than individual coverage, Medicare, Medicaid, or NJ FamilyCare or any other Health Benefits Plan _____

Total Number of Employees in an ineligible class or classes _____

Is your firm subject to Working Aged Provisions (TEFRA / DEFRA)? Yes No

Is your firm subject to the requirements of COBRA? Yes No

CERTIFICATION

Please sign and date appropriate section indicating whether or not you meet the definition of a small employer.

Small Employer means, in connection with a Group Health Plan with respect to a Calendar Year and a Plan Year, any person, firm, corporation, partnership, or political subdivision that is actively engaged in business that employed an average of at least two but not more than 50 eligible Employees on business days during the preceding Calendar Year and who employs at least two Employees on the first day of the Plan Year, and the majority of the Employees are employed in New Jersey. All persons treated as a single employer under subsection (b), (c), (m) or (o) of section 414 of the Internal Revenue Code of 1986 shall be treated as one employer. In the case of an employer that was not in existence during the preceding Calendar Year, the determination of whether the employer is a small or large employer shall be based on the average number of Employees that it is expected that the employer will employ on business days in the current Calendar Year.

I certify that the information provided to Oxford is true and complete. I understand that if the above information is not complete or is not provided to Oxford in a timely manner, then health benefits coverage does not have to be offered or continued. I further understand that incomplete or untrue information may void health benefits coverage.

I understand that I and my employees may be subject to fines if an employee who is a resident of New Jersey and is eligible for coverage under this group health benefits plan is enrolled in an individual health benefits plan issued on or after August 1, 1993.

Any person who includes any false or misleading information on an application or enrollment form or certification for a health benefits plan is subject to criminal and civil penalties.

Signature of Officer, Partner or Owner *Title* *Date*

Print Name of Officer, Partner, or Owner

Signature of Witness *Date*

I certify that I am not a Small Employer in the State of New Jersey, as defined above.

Signature of Officer, Partner or Owner *Title* *Date*

Print Name of Officer, Partner, or Owner

Signature of Witness *Date*