

Medicare Secondary Payer – Small Employer Exception

Eligibility Certification Form

Part I – Beneficiary Information

Name:	Name of Plan: The Episcopal Church Medical Trust
Medicare Health Insurance Claim Number (HICN):	Effective date of current health plan coverage:
Medicare Part A Effective Date:	Type of coverage: Self-funded hospital, medical, prescription drug
Third-Party Administrators: Empire BlueCross BlueShield, Cigna Behavioral Health, Express Scripts	

Part II – Employer Information

Employer Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer's 9-digit Employer Identification Number (EIN): _____

Check one box below to indicate whether or not the employer wants to apply for and participate in the MSP Small Employer Exception to the Medicare Secondary Payer Rules.

Yes—Employer elects to participate in the MSP Small Employer Exception and certifies that it has had **19 or fewer employees** for each working day in each of 20 or more calendar weeks in the current year and preceding year. This means the employer is exempt from the MSP rules and Medicare will become the primary payer of Medicare Part A claims for individuals meeting the guidelines above.

No - Employer elects not to participate in the MSP Small Employer Exception.

Please enter your current number of employees: _____

(Include all full- and part-time employees who have worked or you anticipate will work at least 20 calendar weeks of the year. Consider any employee who receives a Form W-2 under this EIN and any self-employed cleric who receives cash remuneration for services rendered even if the cleric does not receive a Form W-2.)

Part III – Certification and Signature

I hereby certify that this information is true and accurate as of the date of this certification. We agree to notify the Medical Trust if our employee count changes in the future from 19 or fewer employees to 20 or more, or from 20 or more employees to 19 or fewer.

If we elect to participate in the MSP Small Employer Exception, we understand that this means that Medicare would become the primary payer for Medicare Part A claims for the eligible active employees age 65 or older, and/or their spouses age 65 or older. I certify that each individual for whom I am providing an Employer Election Form has coverage because he/she is currently an active employee or the spouse of an active employee.

I understand that knowingly and intentionally providing incorrect information on this form may result in retroactive charges for medical coverage by the Medical Trust.

Authorized Employer Representative

Date

Group Benefits Administrator

Date

Please mail or fax the completed form to:

By Fax:

212-592-9408
Bob Griffith, MSP Small Employer Exception

By Mail:

Episcopal Church Medical Trust
Bob Griffith, MSP Small Employer Exception
19 East 34th Street
New York, NY 10016