

New Jersey Small Employer Certification

CIGNA HealthCare



FOR A POLICY OF GROUP HEALTH BENEFITS INSURANCE

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

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|------------------|--------|---------------------|------------|
| EMPLOYER NAME | | GROUP POLICY NUMBER | |
| ADDRESS (Street) | (City) | (State) | (Zip Code) |

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.

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| Total number of Eligible Employees: | |
| Total number of Eligible Employees applying for health benefits coverage: | |
| Total number of Eligible Employees waiving health benefits coverage under this policy with coverage under a spouse's coverage, other than individual coverage; or under Health Benefits Plan offered by the employer: | |
| Total number of Eligible Employees waiving health benefits coverage under this policy without coverage under a spouse's coverage, other than individual coverage; or under Health Benefits Plan offered by the employer: | |
| Total number of Employees in an ineligible class or classes: | |

CERTIFICATION

PLEASE SIGN AND DATE APPROPRIATE SECTION INDICATING WHETHER OR NOT YOU MEET THE DEFINITION OF A SMALL EMPLOYER.

A 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 I qualify as a Small Employer in the State of New Jersey.

I certify that the information provided to CIGNA HealthCare is true and complete. I understand that if the above information is not complete or is not provided to CIGNA HealthCare 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.

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| SIGNATURE OF OFFICER, PARTNER OR OWNER | TITLE | DATE |
|--|-------|------|

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|---|
| PRINT NAME OF OFFICER, PARTNER OR OWNER |
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|----------------------|------|
| SIGNATURE OF WITNESS | DATE |
|----------------------|------|

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

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| SIGNATURE OF OFFICER, PARTNER OR OWNER | TITLE | DATE |
|--|-------|------|

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| PRINT NAME OF OFFICER, PARTNER OR OWNER |
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| SIGNATURE OF WITNESS | DATE |
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* CIGNA HealthCare means CIGNA HealthCare of New Jersey, Inc. and/or Connecticut General Life Insurance Company.