



Please Mail To:

AmeriHealth Insurance Company of New Jersey
 AmeriHealth HMO, Inc.
 259 Prospect Plains Road, Building M,
 Cranbury, NJ 08512

Large Group Certification

HEALTH BENEFITS PARTICIPATION *PLEASE ANSWER ALL QUESTIONS IN ALL SECTIONS.	
A. General Information	
Customer Name:	
Full Address:	
Policy Anniversary Date:	CID/Group #:

B. Eligibility	
1) What is the total number of employees?	
2) What is the total number of eligible employees?	
3) What is the total number of eligible employees applying/enrolling for health benefits coverage?	
4) What is the total number of eligible employees waiving health benefits coverage under the policy with coverage under their spouse's coverage, Medicare, Medicaid, or NJ FamilyCare or TriCare or any other group Health Benefits Plan through a different employer?	
5) What is the total number of eligible employees waiving health benefits coverage under the policy without coverage under their spouse's coverage, Medicare, Medicaid, or NJ FamilyCare or TriCare or any other group Health Benefits Plan through a different employer?	
6) What is the total number of eligible employees waiving health benefits coverage under the policy under a Health Benefits Plan issued by another carrier and offered by the employer? *Please separately list the name(s) of the other carrier(s) and the number of employees covered under each: Carrier Name(s): _____ # of Employees: _____	

C. Employer Contributions	
1) What is the current employer contribution?	% of total premium
	% of single rate; or
	\$ amount per month for defined contribution
1.a) If the employer contribution level will change in the next 12 months, please provide the new amount.	% of total premium
	% of single rate; or
	\$ amount per month for defined contribution
2) If applicable, what percentage of the HSA deductible does the employer currently fund?	%
2.a) If the funding level for the HSA deductible will change in the next 12 months, please provide the new percentage.	%

Large Group Certification

January 1 through December 31 – What is the average number of employees you employed including any affiliated companies* during the prior calendar year. An employee is any person to whom you issue a W-2. This includes full-time, part-time, and seasonal workers who may or may not have been eligible for your medical plan or covered by Carrier. To calculate average number of employees, determine the average number of employees for each month, add each month's number to get an annual total, and then divide by 12. Round to the nearest whole number.

*If the business is aggregated with one or more other businesses and treated as a single employer under subsection (b) controlled group of corporations, (c) partnerships, etc., under common control, (m) employees of an affiliated service group, or (o) other regulations of section 414 of the Internal Revenue Code, then please provide the combined total number of employees for all businesses that are included in the "single employer group" under the Internal Revenue Code.

Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Average divided by 12
FT EE														
PT EE														
Seasonal														
Total														

D. Signature

I certify that the information provided to AmeriHealth New Jersey is true and complete. I further understand that incomplete or untrue information may void health benefits coverage.

Signature of Officer, Partner or Proprietor:

Title:

Date:

Print Name of Officer, Partner or Proprietor:

Signature of Witness:

Date:

2017 Criteria

New Business:

Large group certifications are required with submission to underwriting when;

- 1) The group is currently SEH with another carrier, or;
- 2) The group is currently large group with another carrier but has less than 51 enrolled contracts.

The certification for both conditions outlined above requires the detailed enrollment by month for the previous calendar year OR four quarters of WR30 statements corresponding to the previous calendar year.

Retention:

Large group certifications are required on all existing large groups with less than 100 enrolled contracts to be provided at the underwriter's request for the customer summary (prior to renewal calculation).

No renewal reductions or benefit options will be provided without the completed and compliant certification.

The detailed enrollment by month for the previous calendar year is only required for groups with less than 51 enrolled contracts.

A large group certification is also required for all current AHNJ SEH cases that have not already completed a small group certification indicating non-compliance with SEH due to over 50 eligible employees.

In addition to the above, the underwriter can use their judgment to request a large group certification on any group of any size as they deem necessary to evaluate the risk on a case.

