



How To Complete The New Jersey Small Employer Certification Form

Instructions

Please read and follow the below steps. Complete the form in its entirety. Please print in ink or type your responses.

Employee Census Information

The New Jersey Small Employer Certification form provides us with essential information regarding your group's eligibility for contract renewal. In addition, completion of this form is a state requirement under Small Employer Health (SEH) regulations. Please use the following table to complete the Employee Census Information section.

Name

Print every employee's first and last name.
Note: Please refer to Employee Census Information (a.) and (b.) on the NJ Small Employer Certification form for an explanation of whom to list.

Job Title

List each employee's position in the company.

Date of Employment

Indicate each employee's date of hire.
Example: mm/dd/yyyy (month/day/year)

Hours per Week

List the average number of hours worked per week for each employee.

Status

Select the status of each employee using one of the letters under the status description on the NJ Small Employer Certification form that best describes the person.

Work Location

List the state (or country, if outside the U.S.) in which they work.

Gender of Persons Waiving

Complete the Gender section for employees who are waiving coverage under this Horizon BCBS plan.

Date of Birth Those Not Enrolling (Probationary Period)

Complete the Date of Birth section for employees who are not enrolled under this Horizon BCBSNJ plan due to their probationary period.
Example: mm/dd/yyyy (month, day, year)

Determining Participation

Please use the following table to complete the reverse side of the New Jersey Small Employer Certification form.

If your organization has more than one Horizon BCBSNJ group health benefits plan, include all plans when completing this action.

Total # Eligible Employees

Count the number of employees who work 25 or more hours per week on a full time basis for compensation.

Note: This does not include temporary or substitute employees, or any employee participating in an employee welfare arrangement established pursuant to a collective bargaining agreement.

Applying/enrolling for health benefits coverage

Count the number of employees enrolling in the Horizon BCBSNJ group plan being offered by your organization.

Waiving/Coverage with coverage under a spouse...

Count the total number of employees waiving coverage under this policy **with** coverage through a spouse, another plan sponsored by your organization, Medicare, or any other organization.

Note: You must include a Small Employer Health Benefits Waiver of Coverage form for each person not enrolling under your Horizon BCBSNJ group policy.

Waiving coverage without coverage

Count the total number of employees waiving coverage under this policy **without** coverage through a spouse, another plan sponsored by your organization, Medicare, or any other organization.

TEFRA/DEFRA and COBRA Provisions

In addition to SEH requirements, some companies may be subject to various Federal laws. Tax Equity and Fiscal Responsibility Act and the Deficit Reduction Act, also known as **TEFRA/DEFRA** and **COBRA** are provisions that an organization may be subject to if they meet certain criteria.

TEFRA/DEFRA

If your company employs at least 20 full-time and/or part-time employees for each working day in each of 20 or more weeks in the preceding or current calendar year, then your organization is generally subject to **TEFRA/DEFRA**.

COBRA

If your company employs at least 20 full-time and/or part-time employees for 50 percent or more of the preceding calendar year, then your organization is generally subject to **COBRA**.

Signature and Certification

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