Horizon

Horizon Blue Cross Blue Shield of New Jersey

EMPLOYMENT VERIFICATION FORM FOR GROUPS TWO TO FIVE ELIGIBLE

As a result of New Jersey Insurance Reform, mandated regulations govern the way in which Horizon Blue Cross Blue Shield of New Jersey issues and administers insurance policies. The criteria for eligibility regarding the creation and maintenance of a Small Group Plan may be found in Regulations @ N.J.A.C. 11:21 et seq.

I understand that pursuant to these Regulations, no individual shall become insured who is not a bona fide employee working on a full-time basis. Only full-time employees are eligible for coverage. A full-time employee is one who works a normal work week of 25 or more hours. Work must be at the employer's place of business or at another place to which an employee must travel to perform his or her regular duties.

I, _____ , a licensed Accountant/Attorney in

the State of _____ , do hereby certify that I am the accountant/attorney for

_____

I am EMPLOYED by: (provide name, address and telephone number of firm)

_____ .

I further certify that the following list of people are employees of the above listed company and are bona fide full-time employees.

1. _____ 4. _____

2. _____ 5. _____

3. _____

(Attach additional sheet if required - sign each additional sheet.)

I further certify that the information I have provided is accurate, complete and true. I understand the omission of facts or the material misrepresentations of a fact, is a violation of N.J.S.A. 17B:27A-23 et seq. and 17:33A, New Jersey Fraud Prevention Act, as well as 2C:21-4.3.C, Healthcare Claims Fraud with criminal and civil penalties attached.

_____ _____

PRINT NAME SIGNATURE DATE

An Independent Licensee of the Blue Cross and Blue Shield Association.