

# Members HealthPlan<sup>NJ</sup>

*Designed for You.*

## EMPLOYMENT VERIFICATION FORM FOR GROUPS 2-5 ELIGIBLE

As a result of New Jersey Insurance Reform, mandated regulations govern the way in which Members Health Plan NJ 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 covered by Members Health plan NJ who is not a bona fide employee working on a full-time, compensated basis. Only full-time, compensated employees are eligible for coverage. A full-time compensated employee is one who regularly works at least 25 or more hours per week. Work must be at the employer's place of business for compensation.

Furthermore, as described in the Members Health Plan NJ Underwriting Guidelines, all eligible employers must consist of a single Employer (i.e., a one owner/practitioner office), then the employer must employ at least one other person as its employee (s) (Part-time or full-time).

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

*Members Health Plan NJ is the brand name used for products and services provided by Affiliated Physicians and Employers Master Trust*