

Small Employer Certification for Group Medical Coverage

This Small Employer Certification for Group Medical Coverage ("Certification") is made by _____ ("Group"), with an address at _____.

Federal and state laws have established requirements for group medical coverage including requirements involving group medical coverage. In addition, Humana has established certain underwriting requirements that must be met.

For the purpose of this attestation the following definition applies:

- Eligible employee - an employee who works on a full-time basis and who usually works at least 30 hours a week¹.
 - The term also includes a sole proprietor or partner if the individual is included as an employee under the group insurance plan.
 - If the Group is not a partnership and the Group is wholly owned by one individual, the Group has at least one common-law employee² who is not the owner or a legally recognized spouse of the owner who will be enrolled in the group health plan.
 - The term "eligible employees" does not include independent contractors, temporary, seasonal or substitute basis. In addition, it does not include employees that do not reside in Puerto Rico.
- Eligible employee with waiver – an employee that elects not to be covered and who is covered under: 1) Another health plan or self-funded ERISA plan; 2) Medicaid; 3) Another federal program, including Tricare or Medicare; or 4) A plan established in another country. For the purposes of participation requirements only, as required below, these employees will not be considered eligible employees.
- Small Group – As defined by Article 8.030(N) of the Puerto Rico Health of Insurance, shall mean every person, signature, corporation, partnership, association, for-profit or not-for-profit, that has employed for at least fifty (50) percent of its working days of the previous calendar year, at least two (2), but no more than fifty (50) eligible employees. In determining the number of eligible employees, companies that are affiliated with, or are eligible to file a tax return combined for tax purposes in Puerto Rico, will be considered a single employer.

As an authorized representative of the Group, I attest:

- The Group is a small group.
- The Group has established rules to determine the eligible employees that are not discriminatory and in a good faith basis.
- The Group was established and has remained active in good faith, for purposes other than obtaining an insurance or health plan.
- The Group meets the required participation requirements of Humana as follows:
 - In groups of 2 to 9 employees, 100% of eligible employees will be covered.
 - In groups of 10 to 50 employees, 75% of eligible employees will be covered
 In any circumstance, there are no more than 10% of total eligible employees considered eligible employee with waiver.
- The Group provides at least 50% contribution for the health plan.

I, the authorized representative of the Group named herein, understand, agree and represent:

- I have read this Certification and the information I provided is accurate and complete and can be substantiated by the Group's records.
- I understand Humana reserves the right to request additional supporting information to validate the eligibility of the employees, such as W-2s, payroll statements, etc.
- I understand that any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Total employees_____ Total Eligible_____ Total Eligible with waivers_____ Total to be covered_____ Not Eligible_____

EXECUTED ON BEHALF OF GROUP BY:

Signature of Duly Authorized Representative

Title of Duly Authorized Representative

Printed name of Duly Authorized Representative

Date

Note: The Certification must be signed, dated, and received with the Group Application Document. Humana will not issue group medical coverage unless Humana receives a completed Certification. In addition, Attachment A must be completed and initialed.

¹Part timers working 17.5 hours or more may also be considered eligible employees, if established as such by the employer group. ²Stated generally, a common law employee is not an owner or a partner of the group and is paid a salary or wage at a minimum wage level or greater. See *National Mutual Insurance Company v. Darden*, 503 U.S. 318 (1992) and https://www.dol.gov/ofccp/regs/compliance/faqs/Employer-Employee_Relationship.html for the factors to consider in determining whether an individual is a common law employee.

Eligible employees not enrolling in plan

Please specify the employees that will not be covered by the health along with the explanation as follows:

- Waiver – Medicaid or Medicare
- Waiver – Other group health plan
- Not eligible
- Decided not to be covered

Keep in mind that, as certified previously, the participation requirements must be met. Use reference table attached as guidance.

Employee Name	Reason
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	

Reference Table for Participation requirements

Eligible employees	Employees with Waivers	Eligible employees that must be covered	Maximum Eligible employees not enrolling (including waivers)
2-9	0	2-9	0
10	1	7	3
11	1	8	3
12	1	9	3
13	1	9	4
14	1	10	4
15	1	11	4
16	1	12	4
17	1	12	5
18	1	13	5
19	1	14	5
20	2	14	6
21	2	15	6
22	2	15	7
23	2	16	7
24	2	17	7
25	2	18	7
26	2	18	8
27	2	19	8
28	2	20	8
29	2	21	8
30	3	21	9
31	3	21	10
32	3	22	10
33	3	23	10
34	3	24	10
35	3	24	11
36	3	25	11
37	3	26	11
38	3	27	11
39	3	27	12
40	4	27	13
41	4	28	13
42	4	29	13
43	4	30	13
44	4	30	14
45	4	31	14
46	4	32	14
47	4	33	14
48	4	33	15
49	4	34	15
50	5	34	16