

# UNITEDhealthcare® of New Jersey, Inc.

## NEW JERSEY SMALL EMPLOYER CERTIFICATION

For a contract of Group Health Benefits Insurance

Employer Name \_\_\_\_\_ Group Contract Number \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### EMPLOYEE CENSUS INFORMATION

Please include the following persons in the following list:

a. employees, owners, partners, officers, and independent contractors who are actively working for the employer on a regular basis, whether or not they are eligible to be covered under the contract.

b. employees, owners, partners, officers, and independent contractors who are not working, but who are currently covered under that employer's health benefits plan for reasons such as continuation of coverage or total disability.

Please use the following letters to indicate Status:

F: Full-time employee who works 25 or more hours per week

P: Part-time employee who works less than 25 hours per week

T: Temporary employee

I: Independent Contractor

D: Totally Disabled employee

C: Continuee under state or federal law

U: Employee participating in an employee welfare arrangement established pursuant to a collective bargaining agreement

Name	Job Title	Date of Employment	Hours worked per week	Status	Work Location (State)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

If additional space is needed, attach a separate sheet.

CERTIFICATION AS A SMALL EMPLOYER IN THE STATE OF NEW JERSEY IN ACCORDANCE WITH NEW JERSEY CH. 162

Group Health Benefits Contract Participation (All Questions Must Be Answered.)

An Eligible Employee is one who works on a full-time basis with a normal work week of 25 or more hours. An employee who works less than 25 hours per week, on a temporary or substitute basis, or an employee participating in an employee welfare arrangement established pursuant to a collective bargaining agreement is not an eligible employee.

Total # Eligible Employees

Total # Eligible Employees applying for health benefits coverage \_\_\_\_\_

Total # Eligible Employees waiving health benefits coverage under this policy with coverage elsewhere \_\_\_\_\_

Total # Eligible Employees waiving health benefits coverage under this policy without coverage elsewhere \_\_\_\_\_

Total # Eligible Employees with Eligible Dependents \_\_\_\_\_

Total # Eligible Employees applying for Dependent health benefits coverage \_\_\_\_\_

Total # Eligible Employees waiving Dependent health benefits coverage under this policy with coverage elsewhere \_\_\_\_\_

Total # Eligible Employees waiving Dependent health benefits coverage under this policy without coverage elsewhere \_\_\_\_\_

**CERTIFICATION**

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

A Small Employer is any person, firm, corporation, partnership or association actively engaged in business who during at least fifty percent of its working days in the preceding CALENDAR YEAR/QUARTER, employed NO MORE THAN FORTY NINE eligible employees and NO LESS THAN TWO eligible employees, the majority of whom were employed in the State of New Jersey. In determining the number of eligible employees companies which are affiliated companies shall be considered one employer.

I certify that I qualify as a Small Employer in the State of New Jersey.

I certify that the information provided to United HealthCare is true and complete. I understand that if the above information is not complete or is not provided to United HealthCare in a timely manner, then health benefits coverage does not have to be offered or continued. I further understand that incomplete or untrue information may void health benefits coverage.

I understand that I and my employees are subject to fines if an employee who is a resident of New Jersey and is eligible for coverage under this group health benefits plan is enrolled in an individual health benefits plans.

Any person who knowingly files a statement of claim, application for insurance, enrollment form, or certificate containing any false or misleading information, may be subject to criminal and civil penalties.

\_\_\_\_\_  
Signature of Officer, Partner or Owner Title Date

\_\_\_\_\_  
Print Name of Officer, Partner or Owner

\_\_\_\_\_  
Signature of Witness Date

I certify that I am not a Small Employer in the State of New Jersey as defined above.

\_\_\_\_\_  
Signature of Officer, Partner or Owner Title Date

\_\_\_\_\_  
Print Name of Officer, Partner or Owner

\_\_\_\_\_  
Signature of Witness Date