



## Recertification of Eligibility - Massachusetts

Note: Recertification of small employer eligibility is required as part of your renewal. Please complete the following information:

Group Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

Group Address: \_\_\_\_\_

Group Renewal Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pursuant to the state laws of Massachusetts, carriers need information from employer groups to determine if the groups qualify as small employers under the law. The guaranteed issue and renewability provisions of Chapter 176J and ConnectiCare's underwriting guidelines are contingent upon this criteria being met. **Certification of eligibility is required upon initial application and prior to renewal. Receipt of a renewal package does not confirm that you have recertified the eligibility of a small group and its employees.**

The Massachusetts statutory definition of a small employer, "Eligible small business" or "group," any sole proprietorship, firm, corporation, partnership or association actively engaged in business who, on at least fifty percent of its working days during the preceding year, employed from among one to not more than 50 eligible employees, the majority of whom worked in the Commonwealth. In determining the number of eligible employees, companies which are affiliated companies or which are eligible to file a combined tax return for purposes of state taxation shall be considered one business. Provisions apply only to an eligible small business and shall continue to apply through the end of the rating period in which an eligible insured no longer meets the requirements of this definition.

**Please complete the following information and attach the most recent state quarterly tax and wage report (WR-1 or Sole Proprietor-Schedule C):**

**1. TOTAL NUMBER OF FULL-TIME EMPLOYEES**

All full-time employees working 30 hours or more per week, including owners, and each spouse where both spouses work full-time for the company, as of the group's renewal effective date.

\_\_\_\_\_

**2. Number of former employees on COBRA/state continuation**

\_\_\_\_\_

**3. TOTAL NUMBER OF PART-TIME EMPLOYEES**

This includes all employees working less than 30 hours per week on the effective date of renewal, whether permanent, temporary or seasonal.

\_\_\_\_\_

(Please do not include this figure in the number of full-time employees.)

I certify that the foregoing information is true and complete to the best of my knowledge and belief. I understand that false or incomplete responses or statements may result in cancellation or rescission of coverage. ConnectiCare reserves the right to request any reasonable documentation from firms, subscribers or dependents in order to verify eligibility. **Rates may be subject to change depending on the certified eligibility information.**

Employer Name: \_\_\_\_\_ Employer Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Broker Name: \_\_\_\_\_ Broker Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please fax this recertification statement and applicable quarterly wage report to: **(860) 678-5272**

Or Mail to: **ConnectiCare Small-Group Administration Department**

**175 Scott Swamp Road, P.O. Box 4050, Farmington, CT 06034-4050**

If you have any questions please call **1-800-723-2986**

Coverage is provided by and services are administered as follows: In Massachusetts: Group HMO and POS coverage is underwritten by ConnectiCare of Massachusetts, Inc.; FlexPOS, PPO coverage, ASO/Self-funded services, and Dental products are administered or underwritten by ConnectiCare Insurance Company, Inc.

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