



**BLUE CROSS & BLUE SHIELD OF RHODE ISLAND**

**RENEWAL CERTIFICATION**

To help expedite the renewal process and ensure continued coverage, please complete this form in its entirety and return it with all required attachments in the return envelope provided. This form and any additional materials submitted are considered confidential and proprietary.

**Section I – General Information**

Company Name: \_\_\_\_\_

Company Federal Tax Identification Number(s): \_\_\_\_\_

Street Address of Primary Business Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Extension: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ BCBSRI

Group Number(s) \_\_\_\_\_ Renewal Date: \_\_\_\_\_

*(Found on your monthly bill)*

**Section II – Employee Information**

**Total Number of Employees on Payroll Regardless of Employment Status:** \_\_\_\_\_

*(The total number should include owners, full-time, part-time, seasonal, and temporary employees for your primary business and any affiliated businesses.)*

This information is required by the Centers for Medicare & Medicaid Services (CMS)

**Section III – Employer Information (If more space is needed please attach a separate sheet of paper.)**

A. Does this business have offices/locations at other addresses or in states other than your primary location listed above? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide the location(s):

\_\_\_\_\_ City/State                      \_\_\_\_\_ City/State                      \_\_\_\_\_ City/State

B. Does this group own any other business; is this group jointly or cooperatively managed or operated with another business; or is this group fully/partially owned by any other business? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide supporting documentation, as described on next page, for the employees and owners of the related businesses and the following:

<b>Name of Business</b>	<b>Name of Owners</b>	<b>Percentage of Ownership (for each owner)</b>
_____	_____	_____

**Before mailing this form**, please ensure that you have included the documentation requested in Section III.

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#### **Section IV – Supporting documentation**

Your certification cannot be completed if you do not submit the following supporting documentation with the renewal certification form. If you have any questions on the required documentation please call your broker. For the purpose of verifying group size we must determine the total number of employees including part-time and seasonal employees. (The definition of an “employee” can be found in Appendix One.)

#### **Wage Information may be blacked out for confidentiality purposes.**

Listed below are acceptable forms of supporting documentation. Please provide a copy of all forms that apply to your specific business and that account for all employees and owners.

1. Most recent Rhode Island Quarterly Tax and Wage Report (TX-17) or equivalent for each state in which you have employees. This report should include the number of hours and weeks worked for each employee.
2. Most recent Schedule C, Schedule K1, or 1120S Schedule K for all owners of each business.
3. A W-4 form for any new hire not appearing on the tax documentation (you must indicate their hire date on the form).

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## **Appendix One**

### **1. Employee**

The definition of an “employee” is any individual employed by an employer. This includes part-time employees (those working fewer than 30 hours per week) and seasonal employees, regardless of the number of hours worked. The term “employee” does not include a self-employed individual, a sole proprietor, a partner in a partnership (unless bona fide), or an independent contractor.

The number of total employees will be calculated by adding all part-time employees’ hours of service in a month and dividing by 120, resulting in a number of full-time equivalents to be added to the full-time employee count. The total number of full-time employees and full-time equivalents will determine whether your group is a small employer.

### **2. Small Employer**

“Small Employer” means an employer who employed an average of at least 1 but not more than 50 employees on business days during the preceding calendar year and who employs at least 1 employee on the first day of the plan year. Sole proprietors, defined as businesses that consist only of an owner or an owner and his/her spouse, are not considered small employers and are not eligible to purchase coverage in the small group market. In determining the number of total employees, all entities treated as a single employer under the IRS controlled group rules (Internal Revenue Code §§ 414(b), (c), (m), or (o)) shall be considered a single employer for purpose of market size.

### **3. Medicare as Secondary Payer (MSP)**

Medicare is a secondary payer to Group Health Plans (GHP) for the “working aged” where either:

a) A single employer of twenty (20) or more employees is the sponsor of the GHP or is a contributor to the GHP,

or

b) Two or more employers are sponsors or contributors, and at least one of them has twenty (20) or more employees. The “20 or more employees” threshold is met whenever an employer has twenty (20) or more full- and/or part-time employees for twenty (20) or more calendar weeks in the current calendar year or in the preceding calendar year. The “20 or more employees” threshold is not limited to employees who enroll in the plan. “Employee” means an individual who is working for the employer. It also includes an individual who is not working for the employer, but is receiving payments from the employer that are subject to FICA, or would be if the employer were not exempt from those taxes. Leased employees are treated as “employees” of the person who leases them for purposes of the 20-employee threshold if; (a) the services are provided pursuant to an agreement between the recipient and any other person; (b) the leased employee has performed such services for the employer (or for the employer and related persons) on a substantially full-time basis for a period of at least 1 year; and (c) such services are performed under primary direction or control of the employer.

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