

Firm Name: _____

Firm Number: _____ Renewal Date: _____

Account Executive: _____ Broker: _____

2016 NH Market Verification Form

Thank you for taking the time to fill out this form. The Anthem BCBSNH Underwriting department will use this information to rate and process your renewal in the correct market segment. Please return this form within 30 days of receipt of this form to Anthem BCBS or to your broker. You will not be renewed if you do not return this form; and all members will be terminated at midnight on the last day of the month prior to your renewal date.

Please return this form in the postage paid envelope we have provided or you can fax it to: 877-237-4970

Attn: Large Group Underwriting Support.

Please indicate the Total Number of Full Time Equivalents (FTE):

Calculation:

Step 1; Full Time Employee: Calculate the number of employees who work at least 30 hours per week or 130 hours in a given month.

Step 2; "Full Time Equivalency": For any non-full time employee (see Step 1), add up the total hours worked during a given month for every non-full time employee and divide by 120.

- For step 1 and 2 you must include actual hours worked and paid time off including fractions at this point.

Step 3; Add Step 1 and Step 2

Step 4: Repeat steps 1, 2 and 3 for every month.

Step 5: Add up the total for the year.

Step 6: Divide the total from Step 5 by 12.

- Drop all fractions and round down at this point.

Please refer to IRS guidelines for more clarification on how to calculate total full time equivalents.

(http://www.irs.gov/irb/2011-21_IRB/ar07.html#d0e150 and

<http://www.gpo.gov/fdsys/pkg/USCODE-2011-title26/pdf/USCODE-2011-title26-subtitleD-chap43-sec4980H.pdf>)

Please indicate the number of total employees within your employer group that are eligible for health insurance

Please include all employees eligible to enroll in your employer sponsored health insurance plan.

Please indicate the number of total employees within your employer group

Please include all employees regardless of fulltime, part-time or eligibility status.

Please indicate the total number of Owners.

Please indicate your market segment:

My company meets the definition of a "small employer" as defined below.

"Small employer" means a business or organization which employed on average 1 and up to 100 employees during the previous calendar year, excluding owners and self-employed persons, using the FTE calculation as defined above.

My company meets the definition of a "large employer" as defined below.

"Large employer" means a business or organization which employed on average 101 employees or more during the previous calendar year, excluding owners and self-employed persons, using the FTE calculation as defined above.

Note: The definitions above are used to determine the correct market segment for your renewal only. These definitions do not provide any guidance for the Employer Duty to Provide Coverage Mandate.

Employer Contribution:

Please indicate either the dollar amounts or percentage of contribution you provide to your employees

	Monthly Premium Contribution (\$)	Monthly Premium Contribution (%)	Monthly Cost Share Contribution towards deductibles copays (\$)	Monthly Cost Share Contribution towards deductibles copays (%)
Employer Share				
Employee Share				

I understand that any person who knowingly presents, or causes to be presented, any false, incomplete or misleading information to an insurer which is material to an application for the issuance of an insurance policy or the rating of same, may be subject to criminal penalties under NH RSA 638:20. I certify the above information is true and complete to the best of my knowledge and belief. Anthem BCBSNH reserves the right to request additional documentation in order to verify eligibility.

Name:	Title:
Signature:	Date: