

Healthy NY Annual Re-Certification for Small Employers

This is your annual re-certification form for Healthy NY. To maintain your health insurance through the Healthy NY program, you must complete and return this form, showing that your business meets the program's guidelines. If you do not meet the eligibility requirements for the program, ask your HMO / insurer about other options for health insurance coverage or contact the NY State of Health Small Business Marketplace at 1-855-355-5777.

Please read this form carefully. Please complete the requested information, and return it to the HMO or insurer your business is enrolled with. Please provide the most current information.

1. Small Employer Information

Please print or type the requested business information in the spaces provided.

Health Plan Group Identification Number		Date	
Company Name			
Street Address			
City	State	Zip	County
Telephone No. ()		Fax or Email	
Contact Person	Title	Telephone No. ()	

2. Employer Size Requirements

In order to renew your Healthy NY coverage, the **business must have had a total of 50 or fewer FTE (full-time equivalent) employees over the previous calendar year.** The business may offer Healthy NY to a limited class of its employees, but the business cannot have more than 50 FTE employees overall. For information on how to determine FTE employees the business has, please see the Frequently Asked Questions at www.dfs.ny.gov/insurance/health/faqs_sm_grp_expansion_1to100.htm.

How many total FTE employees does your business employ?

- 50 or fewer total FTE employees More than 50 total FTE employees (not eligible)

If your business has more than a **total** of 50 FTE employees, the business is no longer eligible for Healthy NY.

3. Employer Premium Contribution

The business must continue to contribute at least 50% of the Healthy NY premium on behalf of the covered employees. Will the business continue to do so?

Yes

No

4. Percentage of Lower Wage Employees

At least 30% of the employees offered Healthy NY coverage must earn \$51,570 or less in annual wages.

The business meets this requirement.

The business does NOT meet this requirement.

If the business does not meet each of the requirements (#2, #3 and #4), it is not eligible to continue to participate in the Healthy NY program.

Certification

By signing below, I certify that all statements contained in this form are true and accurate to the best of my knowledge. I further certify that I am an officer or owner of the business and duly authorized to execute this certification on behalf of the business.

Fraud Warning Statement:

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature

Date

Print name of officer or owner completing certification

Title