Large Group **Recredentialing Form**

Please read all instructions and fill in the information requested below. Forward your completed form to your broker or fax it to your account representative at (518) 641-5007.

If you have any questions regarding this form, please call 1-800-993-7299.

GROUP NUMBER _______________ COMPANY NAME _______________

FEDERAL TAX IDENTIFICATION NUMBER _______________ SIC CODE _______________

SECTION I

A. Employees: Based on current payroll, please indicate the total number of active employees in each category below and answer the questions as they relate to your business.

Category*	Number of People Nationwide	Number of People Eligible for Health Insurance Nationwide
Full-Time Employees (20 or more hours per week)		
Part-Time Employees (Less than 20 hours per week)		

B. Retirees: How many retirees are covered under any health plan? _______________
Does the company contribute at least 50% of the premium for all retirees covered on this plan? Yes / No *(circle one)*

C. Owners: Number of business owners* enrolled in your group's CDPHP coverage. _______________

IMPORTANT: If you have one enrolled owner and no other full-time employees covered in this group, you must submit documentation to establish that you have at least one additional eligible business owner*. See reverse for required documentation.

D. Service Area: Do you have employees outside of the CDPHP service area? Yes / No *(circle one)*
If so, how many? _______________

**See reverse for definitions.*

SECTION II

A. Please indicate the total number of eligible full-time employees included above who are not covered under this plan and are covered through their spouses' coverage.

B. Does your company currently have employees enrolled in medical or medical/hospital coverage from another insurance carrier? Yes / No *(circle one)*

If so, how many? _______________

(over)

[Rep Code]

SECTION III – CERTIFICATION

In order to comply with New York State Insurance Department regulations, the following statement must be signed:

Any person who knowingly and with 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 $5,000 and the stated value of the claim for each such violation.

CDPHP also reserves the right to audit the appropriate records to verify the information on this form.

SIGNATURE	PRINT NAME
TITLE	DATE
E-MAIL	PHONE

EMPLOYEE CATEGORY DEFINITIONS

Full-Time Employees: Employees working 20 or more hours per week based on current payroll nationwide.

Part-Time Employees: Employees working less than 20 hours per week based on current payroll nationwide.

Business Owner: A person that has legal ownership interest in the group's business but who is not counted as an employee of the business. The ownership interest must be acquired or maintained simply for the purpose of obtaining health insurance coverage.

To establish owner eligibility: Provide one of the following: (i) official payroll listing; (ii) NYS-45 Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return, listing owner; (iii) Form 1065 (Schedule K-1), Partner's Share of Income, Deductions, Credits, etc.; or (iv) Form 1040 (Schedule C), Profit or Loss from Business.

SERVICE AREA RATING REGIONS