EPISCOPAL CHURCH MEDICAL TRUST

Medicare Secondary Payer Small Employer Exception (MSP-SEE) Eligibility Certification Form

To be eligible for the Medicare Secondary Payer Small Employer Exception Plan (MSP-SEE Plan), individuals must be 65 or older, enrolled in Medicare (Part A and/or Part B), employed by (or an eligible dependent of someone who is employee by) an eligible small employer, and covered by an eligible plan sponsored by The Episcopal Church Medical Trust (Medical Trust). A separate form must be submitted by each participant (employee and/or spouse).

Part I Beneficiary Information (to be completed by employee or beneficiary)

Beneficiary Name

Subscriber Name (if different from Beneficiary)

Beneficiary Date of Birth

Name of Submitter

The Episcopal Church Medical Trust

Medicare Beneficiary Identifier (MBI)[1]

Beneficiary Medicare Type(s) and Effective Date(s)

Part A: Hospital Date:

Part B: Medical (if applicable) Date:

Third-Party Administrator (Check one of the boxes to indicate the appropriate health plan enrollment.)

☐ AmeriBen (Anthem Blue Cross Blue Shield network)

☐ Allegiance (Cigna network)

To be completed by the Medical Trust:

Current group health plan
Effective date of coverage

Type of current group health plan coverage
Self-funded hospital, medical

Part II Employer Information (to be completed by employer)

Institution/Group Name

Address

City State ZIP

Institution/Group 9-digit Employer Identification Number (EIN)

[1]*This is the Medicare Number on the beneficiary's red, white, and blue Medicare ID card, not the pre-2019 Medicare ID card that includes a Social Security number.*

Check the box below to certify the employer wants to apply for and participate in the Small Employer Exception to the Medicare Secondary Payer rules.

☐ Yes — Employer elects to participate in the MSP Small Employer Exception and certifies that it has had 19 or fewer employees for each working day in each of 20 or more calendar weeks in the current or preceding calendar year. This means that the employer is exempt from the MSP rules and that Medicare will become the primary payer of Medicare Part A claims and, if applicable, Medicare Part B claims, for individuals meeting the eligibility guidelines above.

Number of current employees:_____

Include all full- and part-time employees who have worked (or whom you reasonably anticipate will work) at least 20 calendar weeks during the current or preceding calendar year (the weeks need not be consecutive). Count any employee who receives a Form W-2 under this EIN and any self-employed cleric who receives cash remuneration for services rendered, even if the cleric does not receive a Form W-2.

Part III Certification and Signature

We, the employer, hereby certify that this information is true and accurate as of the date of this certification. We certify that we have not had 20 or more employees on each working day in 20 or more calendar weeks in the current or preceding calendar year.

We understand that our election to participate in the Small Employer Exception means that Medicare will become the primary payer for Medicare Part A claims and, if applicable, Medicare Part B claims for the eligible active employees age 65 or over and their spouses age 65 or over. We certify that each individual for whom we are providing an Employee Election Form has coverage because he/she is currently an active employee or the spouse of an active employee.

We understand that purposely providing incorrect information on this form may result in retroactive charges for medical coverage by the Medical Trust.

Name of Authorized Employer Representative, not of beneficiary/subscriber (please print)	Date
Signature of Authorized Employer Representative	Date

To be completed by the Medical Trust:

Authorized Medical Trust Representative Name (please print)	Date
Signature of Authorized Medical Trust Representative	Date

Employers should return the completed form and a copy of the required Medicare ID card to Client Services via one of the following:

Fax: **877-432-9274**
Email: *admin-assist@cpg.org*
Mail: **Client Services**
c/o The Episcopal Church Medical Trust
19 East 34th Street, New York, NY 10016

Processing by Client Services and approval by the Centers for Medicare & Medicaid Services may take up to 90 days.

Questions? Members can contact Client Services at 800-480-9967. Administrators can contact Client Services at 855-215-5990. Normal business hours are Monday to Friday, 8:30 AM to 8:00 PM ET.