

# Evangelical Presbyterian Church Medicare Secondary Payer – Small Employer Exception LARGE Employer Certification Form

## **Instructions:**

So that we can comply with Medicare regulations, please complete this form and return it within three (3) business days to the address at the bottom of the page. See page two (2) for a definition of terms and additional information. Call the EPC Benefits Administration Office at (877) 578-8707 to discuss any questions.

## **BENEFICIARY NAME**

\_\_\_\_\_  
Name (Last Name, First Name, Middle Initial) Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Medicare ID/HICN (if applicable) Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd year

## **EMPLOYER INFORMATION**

\_\_\_\_\_  
Employer's Name Employer's 9-digit Tax Identification Number (TIN)  
\_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_

### **We hereby certify the following information as of the date of this certification:**

Present number of employees \_\_\_\_\_ (include all full-time and part-time employees who have worked or will work at least 20 calendar weeks of the year. An employee is defined as an individual who receives a W-2 from the Employer's Tax Identification Number specified above).

### **Check the proper election:**

We presently have fewer than 20 employees and elect the Small Employer Exception on the first eligible date. However, we had 20 or more employees on each working day at least 20 calendar weeks of the year until \_\_\_\_\_ (fill in the month and calendar year in which the number of employees changed to less than 20 employees).

We presently have 20 or more employees on each working day of 20 or more calendar weeks of the present or preceding year.

We agree to notify the EPC Benefits Administration Office if the employee count changes to more or less than 20 employees in the future.

Signature of Employer's Authorized Representative \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Please mail, fax or email completed form to:**

**EPC Benefits Administration Office**  
60 Blvd of the Allies, 5<sup>th</sup> Floor  
Pittsburgh, PA 15222

**Fax #: (412) 224-4465**  
**Email: [epc@cdsadmin.com](mailto:epc@cdsadmin.com)**

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## DEFINITION OF TERMS AND ADDITIONAL INFORMATION

Under the Medicare Coordination of Benefits (COB) rules, if a covered Medicare beneficiary continues to work on or beyond his or her 65<sup>th</sup> birthday and is covered by an employer group health plan, Medicare will provide:

- PRIMARY coverage for a member working for an employer with less than 20 employees that work at least 20 weeks per calendar year or
- SECONDARY coverage to the Medical Plan if the member's employer has 20 or more employees on each working day of 20 or more calendar weeks.

Medicare considers an employer to have 20 or more employees if the employer has at least 20 full-time or part-time employees each working day in each of 20 or more calendar weeks in the present or preceding year.

This form applies to a member who is actively working, where the member or the spouse turning 65 or older is covered through the active group health plan through the member's employer. It does not apply to individuals eligible for Medicare for some other reason (e.g., supplemental disability insurance or end stage renal disease).

- An Employer Certification Form will not be submitted to Medicare for any employer with more than 20 employees.
- Employer refers to the church where you are employed.

To complete the form accurately, please note the following:

- Member information will be pre-populated on this form with any available information.
  - Please enter any missing information.
  - Note that the member's employer information, including the Tax Identification Number (TIN) should be reported – the spouse's employer information should not be reported.
- If the member and spouse are turning 65, two separate forms must be completed.
- When counting the number of employees, you must include:
  - All employees on the payroll for 20 or more weeks in the calendar year, **regardless of whether the employee is enrolled for Medical Plan coverage.**
  - All employees for whom the employer provides a W-2 form under the employer's Tax Identification Number should be considered. For example, if the church has a school that is operated independently but uses the church's Tax Identification Number, any school employee who works for 20 or more weeks in the calendar year should be counted.
  - Make sure that the nine-digit Federal employer Tax Identification Number is supplied.

Note: If you had more than 20 employees in the previous year, Medicare will not be primary until the following year.

Please call the EPC Benefits Administration Office at (877) 578-8707 to discuss your questions.