

Attestation Concerning Employer Size And Subsidy Administration

Please note: *This form is for use by groups with fewer than 20 employees only*

<i>Group Name:</i>		<i>Phone #:</i>	
<i>Contact:</i>		<i>Group #s:</i>	
<i>Employer TIN:</i>		<i># of Employees:</i>	

Employer attests to the following:

- Employer is not subject to federal COBRA provisions because it employs fewer than 20 employees, as specifically noted above or a church plan as specifically defined under federal law.
- Employer understands and agrees that Medica will provide the ARRA premium subsidy for the assistance eligible individuals identified by Employer and that Medica will claim reimbursement of that subsidy from the federal government. Employer is not eligible to claim reimbursement for the subsidy and will not do so.
- Employer is responsible for accurately identifying assistance eligible individuals, according to applicable federal guidelines. Medica will rely on Employer's determinations when administering the premium subsidy.
- Employer will notify Medica immediately if it learns that an individual receiving the premium subsidy has become eligible for coverage under another group health plan or Medicare or that the individual's eligibility for continuation coverage has ended.
- Employer will collect the required 35% premium payment from each assistance eligible individual and will not pay any of the 35% on behalf of the individual. Employer will keep complete records concerning the receipt (including dates and amounts) of those premium payments and will make those records available to Medica upon request.
- Employer understands that Medica will provide individuals with required notices concerning the premium subsidy. However, in accordance with the Master Group Contract and the Certificate of Coverage, Employer remains responsible for providing all other required notices to individuals concerning continuation coverage and for all other aspects of continuation coverage administration, such as determining eligibility and facilitating enrollment, collecting premium, and determining when the individual has exhausted his continuation coverage.
- In the event Medica refunds to Employer excess premium collected from an assistance eligible individual during the period the ARRA was in effect but in the process of implementation, Employer will forward that refund to the individual.

EMPLOYER

By: _____

Employer Representative's Title: _____

Date: _____

Return to Medica

Fax: 952-992-3199 Attn: Service Center

Mail: Medica Employer Operations

Route #CW246

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