Horizon.

Horizon Blue Cross Blue Shield of New Jersey

EMPLOYMENT VERIFICATION FOR HUSBAND/WIFE GROUPS

As a result of New Jersey Insurance Reform, mandated regulations govern the way in which Horizon Blue Cross Blue Shield of New Jersey issues and administers insurance policies. The criteria for eligibility regarding the creation and maintenance of a Small Group Plan may be found in Regulations @ N.J.A.C. 11:21 et seq.

I understand that pursuant to these Regulations, no individual shall become insured who is not a bona fide employee working on a full-time, compensated basis. Only full-time, compensated employees are eligible for coverage. A full-time compensated employee is one who regularly works at least 25 hours per week at the employer's place of business for compensation.

I, _____, do hereby certify that:

_____ and _____ are

EMPLOYEES OF:_____ which is

located at: _____ .

I further certify that both parties fully meet the definition of "full-time employee" as set forth by the State of New Jersey in Regulations @ N.J.A.C. 11:21 et seq.

I understand that if the information I have provided is not accurate, complete and true, or if I have omitted any facts or made any material misrepresentations of a fact, I may be in violation of N.J.S.A. 17B:27A-23 et seq. and 17:33A, New Jersey Fraud Prevention Act, as well as 2C:21-4.3.C, Healthcare Claims Fraud with criminal and civil penalties attached. In addition, I understand that if I omit material facts or provide false information my contract can be terminated as of the original effective date.

I have read this document and affix my signature.

PRINT NAME – WIFE	SIGNATURE	DATE
PRINT NAME – HUSBAND	SIGNATURE	DATE

An Independent Licensee of the Blue Cross and Blue Shield Association.