



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

Eligibility for the Episcopal Health Plan for Qualified Small Employer Exception Members (the “SEE Plan” ) includes members who are age 65 or older, are eligible for Medicare, are employed by, or are an eligible dependent of an employee of, an eligible small employer and are covered by an eligible plan sponsored by The Episcopal Church Medical Trust ( “Medical Trust” ). A separate form must be submitted by each participant (employee or spouse).

Part I Beneficiary Information

Beneficiary Name Subscriber Name (if different than Beneficiary)

Beneficiary Date of Birth Name of Submitter
The Episcopal Church Medical Trust

Beneficiary Medicare Health Insurance Claim Number ( “HICN” ) or, if applicable, Medicare Beneficiary Identifier ( “MBI” )1 Beneficiary Medicare Effective Date(s) & Coverage Type Requested
Part A: Hospital
Part B: Medical (if applicable)

Third-Party Administrator (check the box to indicate the appropriate health plan enrollment)
Anthem BlueCross BlueShield Cigna

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

Requested SEE Exception Date

Part II Employer Information

Institution/Group Name

Address

City State ZIP

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

1 The Medicare Access and CHIP Reauthorization Act of 2015 requires that CMS remove the Social Security Number-based HICN from Medicare cards by April 2019. Beneficiaries applying for the MSP SEE should provide the MBI if they have received the new Medicare card. Beneficiaries who have not yet received their new Medicare card when applying for the MSP SEE should provide the HICN.

2 Approval by the Centers for Medicare and Medicaid Services may take up to 90 days for processing.

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 the employer is exempt from the MSP rules and Medicare will become the primary payer of Medicare Part A claims and, if applicable, Medicare Part B claims, for individuals meeting the guidelines above.<sup>2</sup>

Please enter your current number of employees:

Include all full- and part-time employees who have worked (or you anticipate will work) at least 20 calendar weeks of the year. Consider 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 hereby certify that this information is true and accurate as of the date of this certification. We agree to notify the Medical Trust if our employee count changes in the future from 19 or fewer employees to 20 or more, or from 20 or more employees to 19 or fewer. 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.

---

Authorized Employer Representative Name (*please print*)

Date

---

Signature of Authorized Employer Representative

Date

---

Authorized Medical Trust Representative Name (*please print*)

Date

---

Signature of Authorized Medical Trust Representative

Date

Please return the completed form and a copy of the required Medicare ID card to your diocesan or group benefits administrator, who will send the documentation to us via one of these options:

Fax: (877) 4 FAX CPG (432-9274)

Mail: ATTN: Client Services  
c/o The Episcopal Church Medical Trust  
19 East 34th Street  
New York, NY 10016

Email: [admin-assist@cpg.org](mailto:admin-assist@cpg.org)

Questions? Contact The Episcopal Church Medical Trust Client Service Center at (800) 480-9967, Monday – Friday, 8:30AM – 8:00PM ET (excluding holidays), or email us at [mtcustserv@cpg.org](mailto:mtcustserv@cpg.org).