



Employer Group Attestations

Capital District Physicians' Health Plan, Inc. and CDPHP Universal Benefits,® Inc. (collectively referred to as CDPHP®) requires groups to attest to the following three items: their group size, availability of essential pediatric dental coverage, and funding account contributions as they relate to broker commissions. Your prompt completion and return of this form to CDPHP, Attn: Group Services Unit, 500 Patroon Creek Blvd., Albany, New York, 12206-0157 is greatly appreciated.

NOTE TO LARGE GROUPS: You must complete, sign, and date 1.) CDPHP Employer Group Size Attestation. Please disregard the rest of this form.

Group Name: _____

Group Number: _____

Group Effective/Renewal Date: _____

Broker Name (if applicable): _____

1. CDPHP Employer Group Size Attestation – For Small and Large Groups

Under New York law and the Affordable Care Act (ACA), the definition of “small group” is 1–100 full-time equivalent (FTE) employees.

To assist you in calculating how many FTEs you have, go to www.dfs.ny.gov and enter “small group expansion” into the Search box.

CDPHP is requesting that you attest to the size of your group in order to ensure that it is classified and rated accurately. By completing this form, the group hereby attests to the following: (Please check one)

- Large Group, as defined by New York law and the ACA (more than 100 FTEs in the prior calendar year)
- Small Group, as defined by New York law and the ACA (1–100 FTEs in the prior calendar year)

Pursuant to 29 C.F.R. 2510.2-3(b), an "employee benefit plan" does not exist if no "employees" are covered by the plan. Pursuant to 29 C.F.R. 2510.3-1 and 29 C.F.R. 2590.732(d) an "employee" does not include the sole owner of a business or a spouse of the business owner.

- Grandfathered group (as defined under the ACA), and the new definitions of large groups and small groups do not apply.

The group further attests that:

- It has calculated the number of employees using the guidelines set forth by New York and the ACA
- It has accurately reported this number to CDPHP for purposes of underwriting insurance coverage for this group
- It understands that CDPHP is relying on the group's disclosure of this information for accuracy and proper classification as large group or small group
- It understands that it must comply with New York law and the ACA, and other laws to the extent applicable, and that the group's failure to comply with these laws on their effective dates could result in serious penalties being imposed on the group, and/or CDPHP, in addition to litigation, complaints, and other actions being brought against the group, and/or CDPHP.

CDPHP reserves the right to audit a group's records related to their attestation that they are a large group or a small group. CDPHP shall give the group 10 days' notice of their intent to audit the group, and CDPHP shall be responsible for any and all reasonable costs associated with this audit.

Signature: _____ Date: _____

2. Essential Pediatric Dental Coverage Group Attestation – For Small Groups

For small groups (1-100 employees)

Please note: If pediatric dental is a voluntary benefit, you should not complete this form.

In an effort to make health care more accessible, the Affordable Care Act (ACA) requires that all small group health plans provide coverage for a range of core services known as Essential Health Benefits (EHBs), one of which is pediatric dental care. This form may be submitted to membership@cdphp.com.

Enrollment and Billing

CDPHP is helping to ensure our members with small group health plans have this essential coverage. If you select a Delta Dental group plan through CDPHP, we will enroll your employees and their covered dependents in the Delta Dental Pediatric Dental Plan. You will be billed for all enrolled individuals (subscribers and dependents) who are 18 years of age or younger.

(Continued on reverse side)

Optional Attestation

If you are providing your employees the essential pediatric dental coverage from another plan not offered by CDPHP, you have the option to opt out from the Delta Dental Pediatric Dental Plan through CDPHP on behalf of your employees. By signing below, you are attesting that you are already meeting the essential pediatric dental coverage requirements through another plan, and you are disenrolling your employees from the CDPHP pediatric dental coverage through Delta Dental.

Group Name: _____

CDPHP Group ID#: _____

Name of the company issuing the standalone dental coverage: _____

Effective date of standalone dental plan: _____

Agreement

I certify that I, as an authorized designee of the above-named employer group, have obtained standalone dental coverage that provides a pediatric dental essential health benefit to my employees and their dependents through a NY State of Health™-certified standalone dental plan offered outside NY State of Health.

I hereby represent that all information furnished by me hereon is true and complete to the best of my knowledge.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Signature: _____

Date: _____

3. Employer Funding for CDPHP Small Group Health Plans Attestation – For Small Groups

Capital District Physicians' Health Plan, Inc. and CDPHP Universal Benefits,® Inc. (CDPHP) require the broker named above to complete the following attestation at the time of sale or renewal of any medical policy that has a deductible. It is requested that brokered groups complete this form with their brokers and that employers without brokers complete this, as well, in an effort to give CDPHP the information needed to best serve you.

CDPHP HRA Funding Requirements for Broker Commissions

The HRA does not contribute more than 50 percent of the member's health plan deductible, or an HRA with an additional wellness component does not contribute more than 75 percent of the member's health plan deductible. Note: Wellness component means that employer funding between 50 to 75 percent of the member's health plan deductible is contingent on the member's completion of specified wellness activities/steps.

Please answer the following questions:

1. Does the company named above offer any funding account to subsidize the member's health plan deductible through another administrator?

Yes (check all that apply)

No

FSA

HSA

HRA (please answer the next question)

2. Does the HRA comply with the CDPHP HRA funding requirements for broker commissions set forth above?

Yes

No

Brokered Groups: Broker commission payments will only be made if this attestation is completed and establishes that the CDPHP HRA funding requirements above are satisfied. CDPHP will only pay broker commissions retroactively to the group's effective date if the attestation is received no later than 30 days from the group's effective date. Should a funding account be put into place in the future, you will need to provide prior notification and complete an additional attestation before broker commission payments may be made.

Employers: Please note that your answers to these questions will not affect your ability to purchase a CDPHP insurance plan of your choosing and will only serve to guide CDPHP in meeting your current and future health insurance product needs.

I hereby represent that all information furnished by me hereon is true and complete to the best of my knowledge.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Signature: _____

Date: _____