



Small Employer Exception Submittal Certification

Employer Name: _____

Employer Address: _____

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 employ _____ employees.

Employer Identification Number (EIN): _____

Employer Tax Identification Number (TIN): _____

Employer Representative Name

Signature of Employer Representative Date

Vince LaMazza

Submitter's Representative Name

V. A. LaMazza

Signature of Submitter's Representative Date



Small Employer Exception (SEE) Request:

Request for Exception for Working Aged Individuals and Spouses Aged 65 and Over

Date: _____

Submitter: The Board of Pensions of the Presbyterian Church (U.S.A.)
2000 Market Street, Philadelphia, PA 19103-3298

TIN/EIN: _____

Employer Name: _____

The above referenced employer participates in a multiple employer plan as defined by 42 CFR 411.101 or a church plan.

Employees who have coverage under the group employee health benefit plan are eligible for coverage either by virtue of their current employment status with the above referenced employer or as a spouse of a covered employee.

The above listed employer hereby requests the exception of the Medicare Secondary Payer status for the following working aged employee(s) and/or spouse(s) aged 65 or over who is/are employed by the employer listed above.

Medicare Beneficiary	Employee Name	HICN/ SSN	DOB	Coverage Type: A, J, K	Coverage Effective Date	Action Code: A, C, D	Effective Date of Change	Reason Code: A, B, C, D
				A		A		
				A		A		
				A		A		
				A		A		
				A		A		
				A		A		
				A		A		
				A		A		

Submitter's Representative Name: Vince LaMazza

Submitter's Representative Signature: V. A. LaMazza

Date: _____