IDAHO EMPLOYEE CERTIFICATION*

Regence

Regence BlueShield of Idaho is an Independent Licensee of the Blue Cross and Blue Shield Association

COMPANY / GROUP NAME: _____ **GROUP NUMBER:** | | | | | | | | |

The Idaho Small Group Employer Health Insurance Availability Act defines an eligible employee as one who works 30 hours or more a week on a regular full time basis, or by agreement between the employer and carrier, as few as 20 hours per week. All eligible employees as defined above must be given the opportunity to enroll for coverage.

I, _____ ***(Employer)*** do hereby certify that in order for an employee of the company named above to be eligible for group insurance coverage, he/she must work _____ or more hours per week. ***(Hour requirement must be at least 20 but not more than 30 per week.)*** Acceptable probationary periods are: First of month following date of hire, 30, 60, 90, 120, 180, or 365 days. Please circle the probationary period that applies to new employees.

NAME OF EMPLOYEE	HOURS WORKED PER WEEK (IF THIS AMOUNT VARIES, GIVE AN AVERAGE FOR THE LAST 3 MONTHS)	** One of these boxes must be checked for each employee. (If the employee will not be coming on coverage at this time, please have them fill out a waiver agreement, please indicate the waiving reason.)			
				WAIVER AGREEMENT ENCLOSED	
		APPLICATION ENCLOSED	CURRENTLY SERVING PROBATIONARY PERIOD	CURRENTLY ON OTHER QUALIFYING HEALTH CARE COVERAGE	CURRENTLY DECLINING HEALTH CARE COVERAGE
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If necessary, please use an additional Employee Certification form to list additional employees.

In determining the number of eligible employees, companies that are affiliated companies, or that are eligible to file a combined tax return for purposes of state taxation, shall be considered one employer. I certify that I have listed all eligible employees that satisfy the above stated work requirements, whether they are applying for coverage or not.

Employer's Signature: _____ Date: _____

Agent/Broker's Signature: _____ Date: _____

* This information is required by and of Regence BlueShield of Idaho to demonstrate that the group is eligible for the protections of the Idaho Small Employer Health Insurance Availability Act.

** Each employee must either apply for coverage or sign a waiver agreement.