

## Medicare Secondary Payer – Small Employer Exception

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Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer's 9-digit Employer Identification Number (EIN): \_\_\_\_\_

Check one box below to indicate whether or not the employer wants to apply for and participate in the MSP Small Employer Exception.

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 and preceding year. This means the employer is exempt from the MSP rules and Medicare will become the primary payer of Medicare Part A claims for individuals meeting the guidelines as stated.

No - Employer elects not to participate in the MSP Small Employer Exception.

**If no, enter the current number of employees for your organization** \_\_\_\_\_

(Include all full- and part-time employees who have worked or are anticipated to work at least 20 calendar weeks of the year. Consider any employee who receives a W-2 under this EIN and self-employed clergy.)

**Then please sign, date, and return the form. Thank you.**

### 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 fewer than 20 employees to 20 or more, or from 20 or more employees to fewer than 20.

If we have elected to participate in the MSP Small Employer Exception, we understand that this means that Medicare Part A would become the primary insurance for the eligible active employees age 65 or older, and/or their spouses age 65 or older. We certify that each individual for whom we are providing an Employer Election Form has coverage because he/she is currently an active employee or the spouse of an active employee.

\_\_\_\_\_  
Authorized Employer Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Group Benefits Administrator

\_\_\_\_\_  
Date

Please mail or fax the completed form to:

By Fax:  
212-592-9408  
Bob Griffith, MSP Small Employer Exception

By Mail:  
Episcopal Church Medical Trust  
Bob Griffith, MSP Small Employer Exception  
19 East 34th Street  
New York, NY 10016

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