



**Healthy NY Annual Re-Certification for Small Employers**

This is your annual re-certification form for Healthy NY. In order to maintain your health insurance through the Healthy NY program, you must complete this form, showing that your business continues to meet the program’s guidelines. If you no longer meet the guidelines of the program, ask your HMO about other options for health insurance coverage.

**Please read this form carefully, complete the requested information, and return it to the HMO your business is enrolled with. Please provide the most current information.**

**1. Small Employer Information**

Please print or type the requested business information in the spaces provided.

Healthy NY Plan Identification Number			Date
Company Name			
Street Address			
City	State	Zip	County
Telephone No. ( )	Fax No. ( )		
Contact Person	Title	Telephone No. ( )	

**2. Employer Premium Contribution**

The business must continue to contribute at least 50% of the Healthy NY premium on behalf of the covered employees. Will the business continue to do so?

- Yes                       No

Please note: The employer may offer coverage to employees working fewer than 20 hours per week, but is not required to contribute toward their premiums. However, the employer may do so.

**3. Prescription Drug Benefit Option**

Healthy NY is available either with coverage for prescription drugs **or** without prescription drug coverage. If selected, the maximum drug benefit is \$3,000 per person annually, subject to a \$100 deductible. The benefit plan chosen will be the same for all employees. Choose the benefit plan below.

- Healthy NY with prescription drug coverage       Healthy NY without drug coverage

Current premium rates are available by calling your HMO or by visiting [www.HealthyNY.com](http://www.HealthyNY.com).

#### 4. High Deductible Health Plan Option

Healthy NY is available with a deductible or without a deductible (standard plan). With the deductible plan, employees must pay for most expenses out-of-pocket before the plan begins to cover them. The deductible does not apply to preventive care. The deductible option qualifies as a High Deductible Health Plan and can be used with a tax-advantaged health savings account. Employee or employer contributions to the health savings account can be on an after-tax basis, making contributions tax-deductible, or pre-tax, through a Section 125 ("POP") plan. Money in the account can earn interest tax-free. For 2007, contributions to a health savings account can be made up to \$2,900 for individual coverage and \$5,800 for family coverage. The deductible option chosen will be the same for all employees. Please choose the deductible option below.

- High deductible plan (\$1,150 deductible for individuals and \$2,300 for families per year)       Standard plan with no deductible

Visit [www.HealthyNY.com](http://www.HealthyNY.com) to learn more about the high deductible option. It is important to fully understand the difference between the two options before making a selection.

#### 5. Other Requirements

In order to renew your Healthy NY coverage, the business must have fifty or fewer eligible employees. Half of the employees offered Healthy NY coverage must enroll in the program or have other health coverage, and at least 30% of the employees offered Healthy NY coverage must earn \$38,000 or less in annual wages.

- I certify that the business meets these requirements.       The business does NOT meet these requirements. (The business is not eligible for Healthy NY.)

#### 6. Certification

By signing below, I certify that all statements contained in this form are true and accurate to the best of my knowledge. I further certify that I am an officer or owner of the business and duly authorized to execute this certification on behalf of the business.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of officer or owner completing certification

\_\_\_\_\_  
Title

#### Fraud Warning Statement:

Any person who knowingly and with the 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 five thousand dollars and the stated value of the claim for each such violation.