

# Small Employer Exception Submittal Certification

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

Employer Address: \_\_\_\_\_

**Please select one:**

- We certify that we **have not** had 20 or more total employees (all ages) on each working day in 20 or more calendar weeks in the current or preceding calendar year.
- We certify that we have had 20 or more total employees (all ages) 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 Name

\_\_\_\_\_  
Employer Signature Date

\_\_\_\_\_  
HealthPass Representative Name

\_\_\_\_\_  
HealthPass Representative Signature Date

Medicare is the primary payer for 65+ members whose employer group size is less than 20 full/part-time employees. Enrollment in Medicare Part B is necessary to pay provider claims not covered by the group health plan. For additional information, contact CMS Social Security at 1-800-772-1213 or visit <https://www.cms.gov/medicare/enrollment-renewal/original-part-a-b>