

**Small Employer Exception Submittal Certification**

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

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

Address Line 2: \_\_\_\_\_

**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

\_\_\_\_\_  
Submitter's Representative Name

\_\_\_\_\_  
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: \_\_\_\_\_

TIN/EIN: \_\_\_\_\_

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

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

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.

