

Medicare Secondary Payer
Statement of Employer in Support of Application for Small Employer Exception

Instructions:

1. Please read the information in the letter accompanying this form.
2. Complete all questions; fill in all blanks.
3. Return this completed form, along with the MSP Cover Letter on letterhead (see next two pages), to Banyan Administrators, LLC via:
 Toll-Free FAX: (877) 237-4519
 <OR>
 Scan and email: calcpahealth@calcpahealth.com

Name of Employer: _____

Employer Address: _____

Tax or Employer ID No: _____

1. Did your company have **20 or more** full-time and/or part-time employees on the payroll for 20 or more weeks (consecutive or non-consecutive) at any time during this calendar year?
 ____ Yes ____ No
2. Did your company have **20 or more** full-time and/or part-time employees on the payroll for 20 or more weeks (consecutive or non-consecutive) at any time during the preceding calendar year?
 ____ Yes ____ No
3. What is the current number of employees on your payroll? _____
4. If the answers to both (1) and (2) above are "No," please verify and/or complete the list below, including the Health Insurance Claim Number (or Social Security Number) for each employee who is 65 years or older, and his/her spouse.

Please add information on any employees/spouses at or over the age of 65.

Name	SSN	Date of Birth	HIC Number

I understand that the Group Insurance Trust of the California Society of CPAs is relying on my answers to the above questions to determine whether Medicare will be the primary payer of claims for my Medicare eligible employees. I affirm that the answers are true to the best of my knowledge and belief. I also understand that I am responsible to promptly notify the Group Insurance Trust of the California Society of CPAs if my answers to the above questions change during the course of my plan year because I have gained or lost employees.

Authorized Signature

Please Print Name

Date

MSP Cover Letter

Instructions:

Please copy the next page onto your letterhead, date and sign it, then return it, along with the completed Medicare Secondary Payer Statement of Employer form (previous page) to Banyan Administrators, LLC, via:

- Toll-free FAX: (877) 237-4519
<OR>
- Scan and email: calcpahealth@calcpahealth.com

If you have any questions, please call our toll free number (877) 480-7923 to speak with a Banyan Administrators, LLC call center representative.

Banyan Administrators, LLC
Managers for the CalCPA Health Programs
1215 Manor Drive
Suite 200
Mechanicsburg, PA 17055

Re: MSP Cover Letter and Statement of Employer

Dear Banyan Administrators, LLC:

We currently have _____ employees. Based on the information set forth in the attached form we certify that we are not a firm with 20 or more employees within the meaning of applicable regulations.

Kind regards,

Signature

Date

Name

Title

Company

Tax ID