



**Healthy NY Recertification and Small Group Plan Selection Form
Oxford Health Insurance, Inc.**

Mail To: Healthy NY, Attn: Enrollment, 14 Central Park Drive, Hooksett, NH 03106

A. Group Information			
Group ID Number	Company Name		Phone Number
Address		City	State
			Zip Code
Contact Person	Title	Phone Number	Fax Number
B. Contribution and Participation Requirement			
Note: If the business does not meet the requirements below, it is not eligible to continue to participate in the Healthy NY program.			
1. The Employer contributes at least 50% of the premium on behalf of the employees?		__Yes	__No
2. The business has fifty or fewer full time equivalent employees? (More than 50 total FTE employees (not eligible))		__Yes	__No
3. 30% of the employees offered coverage earn \$43,000 or less.		__Yes	__No

C. Plan Selection

____ **EPO (with pharmacy)**

Coverage for Dependents through age 29: A Dependent who has attained the above limiting age can continue coverage until they reach age 30, subject to the eligibility requirements as outlined in the Certificate. Please choose one option below:

Dependent Age 29 Extension Benefit ____ Yes ____ No

Domestic Partner Benefit ____ Yes ____ No

Submission of a completed Add/Term/Change form is required for dependent and Domestic Partner enrollment.

Choose One: I am renewing with changes and/or have decreased my employer contributions by 5% or more ____ Yes ____ No

D. Certification

Any person who knowingly and with the intent to defraud an 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 a 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.

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.

Print Name and Title of officer completing certification

Signature

Date