

Attestation



Oxford

Regarding total number of employees

As part of the renewal process, you are required to complete this Attestation form if your current employee count requires updating. Please complete and sign this form and return it to: **Oxford Group Enrollment, P. O. Box 29142, Hot Springs, AR 71903-9142.**

EMPLOYER GROUP INFORMATION

Group Name _____

Oxford Group Number _____

A. GROUP SIZE RATING

1. Please indicate the total number of employees in each classification below, including those who work outside of the Oxford service area.*

Employee Classification	Employee Counts (Provide the total number of employees, regardless of eligibility, work location or other coverages)
Full-time	
Part-time	
Union Eligible Employees	
Union Non-Eligible Employees	
Retired Employees	
Other**	
Total employee count	
Total employees eligible for Oxford coverage on effective date	

B. MEDICARE COORDINATION OF BENEFITS

1. Has your group had 20 or more part-time or full-time employees for each working day in each of 20 or more calendar weeks in the current calendar year?

Yes _____

No _____

1a. Or the preceding calendar year?

Yes _____

No _____

2. Has your group had 100 or more part-time or full-time employees on 50 percent or more of its regular business days in the previous calendar year?

Yes _____

No _____

*Oxford service area includes Connecticut, New Jersey and certain New York counties (Ulster, Sullivan, Dutchess, Orange, Putnam, Rockland, Westchester, Bronx, New York, Queens, Kings, Richmond, Nassau and Suffolk).

** Employees who may fall in the "Other" category include, but are not limited to, seasonal and contracted employees.

C. SIGNATURE

I hereby certify that the information contained herein for the period _____ (Contract Year), is accurate, complete and truthful. I understand and agree that any misrepresentation concerning this information will constitute a breach of my agreement with Oxford and will result in the immediate termination of my Group's policy.

Signature _____

Title _____

Name _____

Current phone number _____

If you have any questions or would like to update the attestation over the phone, please call Client Services at 1-888-201-4216.

PLEASE RETURN WITHIN 30 DAYS OF RECEIPT

This information is necessary to process and pay claims accurately in accordance with applicable law.