

Actively Employed Information

Subscriber: Take this form to the MVP subscriber’s employer and complete it together.

Employer: Complete this form if the subscriber will continue working past age 65, or if the subscriber will continue to work and cover his/her spouse or domestic partner who is turning 65.

By completing this form, you, the employer, are validating that:

- Your company employs **20 or more people**. (If your company employs 19 or fewer people, do **not** use this form.)
- The subscriber who carries the MVP Health Care® policy is not retiring and will continue to work for you as an active employee past age 65, or will continue to work when his/her spouse/domestic partner turns 65.
- You will continue to provide the same health benefits under the same conditions to Medicare eligible employees and the Medicare eligible spouses/domestic partners of employees, as you provide to employees and spouses/ domestic partners who are not Medicare eligible. You are required to notify MVP upon retirement of the employee.

Section 1: Group and Subscriber Information

Group Name		Group No.
Group Representative Signature	Signature Date	Group Phone No. ()

I certify that the employee listed below is actively working for the group named above.

Employee/MVP Subscriber’s Name	Date of Birth
Employee/MVP Subscriber’s Member ID No.	

Section 2: Information About Individual Turning Age 65

Name of Individual Turning Age 65

Who is turning age 65? Employee/MVP Subscriber Spouse Domestic Partner

If this person is electing Medicare at this time, complete Section 3.

Section 3: Medicare Election

Medicare Part A (Hospital) Effective Date	Medicare Part B (Medical) Effective Date
If Not Eligible for Part A, Explain Why	Medicare Health Insurance Claim No.

 **Please return this completed form by mail to:**

ATTN: COORDINATION OF BENEFITS, MVP HEALTH CARE, PO BOX 2207, SCHENECTADY NY 12301-9884