



Actively Employed Information

Employee: Take this form to your employer and complete it together.

Employer: Complete this form if the employee will continue working past age 65, or if the employee 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 employee 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 Employee Information

Group Name	Group No.
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Group Representative Signature	Signature Date	Group Phone No. ()
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I certify that the employee listed below is actively working for the group named above.

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

Complete Section 2 below **only if the individual turning 65 is electing to enroll in Medicare at this time.**

Section 2: Information About Individual Turning Age 65

Who is turning age 65? Employee Spouse Domestic Partner

Name of Individual Turning Age 65	Medicare Health Insurance Claim No.
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Medicare Part A (Hospital) Effective Date	Medicare Part B (Medical) Effective Date
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If Not Eligible for Part A, Explain Why

Please return this completed form by mail to:

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