



## Actively Employed Information Form

**TO THE EMPLOYEE:** Take this form to your employer to complete together.

**TO THE 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 who is turning 65.

By completing this form you (the employer) are validating that:

1. Your company employs **20 or more employees**;
2. The employee who carries the MVP policy is not retiring but will continue to work for you as an active employee past age 65, or will continue to work when his/her spouse turns 65; and
3. You will continue to provide the same health benefits under the same conditions to Medicare eligible employees and the Medicare eligible spouses of employees, as you provide to employees and spouses who are not Medicare eligible. You are required to notify MVP upon retirement of the employee.

**Return completed form to:** MVP Health Care, Coordination of Benefits, P.O. Box 2207, Schenectady, NY 12301-9884.

Group Name:	
Group Number:	Group Phone Number:
Group Representative Signature:	Date:
Employee / Subscriber's Name:	Date of Birth:
Employee / Subscriber's MVP Member ID Number:	

**WHO IS TURNING AGE 65? Check:**  EMPLOYEE or  EMPLOYEE'S SPOUSE

**Please provide the following information on the person turning age 65:**

Name of individual turning 65:	
Effective Date Medicare Part A (hospital):	If not eligible for Part A, why:
Effective Date Medicare Part B (medical):	If not electing Part B at this time, check here: <input type="checkbox"/>
Medicare Health Insurance Claim Number:	