SEH EMPLOYMENT VERIFICATION FORM FOR SPOUSAL GROUPS

AmeriHealth Insurance Company of New Jersey issues and administers insurance policies as mandated by New Jersey Insurance Reform regulations. Regulations and guidelines regarding eligibility and maintenance of a Small Group Plan can be found in Regulations @ N.J.A.C. 11:21 et seq.

I understand that pursuant to these regulations, no individual shall become insured who is not a bona fide employee working on a full-time, compensated basis. Full-time means working at least 25 hours per week and compensation means the employee is working at the employer's place of business for consideration.

I, _____ do hereby certify that:

_____and_____are

EMPLOYEES OF: _____which is located at: _____, and that the parties above meet the definition of "eligible employee" and "small employer" as stated in the State of New Jersey Regulations @ 11:21 et seq.

If the information I have provided is not accurate, complete and true, or if I omitted any facts or made any material misrepresentations of a fact, I understand that I may be in violation of N.J.S.A. 17B:27A-23 et seq. and 17:33A, New Jersey Fraud Prevention Act, as well as 2C:21-4.3.C, Healthcare Claims Fraud with criminal and civil penalties attached. Furthermore, I understand that if I omit material facts or provide false information my contract can be terminated as of the original effective date.

My signature below signifies that I have read and understand the text above.

_____ _____

PRINT NAME – WIFE SIGNATURE DATE

_____ _____

PRINT NAME – HUSBAND SIGNATURE DATE