



Oxford Health Insurance, Inc. ■ Oxford Health Plans (NY), Inc.

# New York Small Professional Employer Organization Certification

Mailing Address: NY Small Group Enrollment Dept. ■ 14 Central Park Drive ■ Hooksett, NH 03106 ■ 1-888-201-4216

*For a Group Health Benefits Plan*

### TO BE COMPLETED BY EMPLOYER

CITY, TOWN ZIP CODE

PRIOR PROFESSIONAL EMPLOYER ORGANIZATION NAME (COPY OF THE TERMINATION LETTER PROVIDED TO THE PROFESSIONAL EMPLOYER ORGANIZATION IS REQUIRED FOR SUPPORTING DOCUMENTATION)

## EMPLOYEE CENSUS INFORMATION

Please include the following persons in the following list:

- a. employees, owners, partners, officers, and independent contractors who are actively working for the employer on a regular basis, and are paid by the employer on a regular basis, whether or not they are eligible to be covered under the policy.
- b. employees, owners, partners, officers, and independent contractors who are not working, but who are currently covered under the employer's health benefits plan for reasons such as continuation of coverage or total disability.

Please use the following letters to indicate Status:

- F: Full-time employee who works 25 or more hours per week  
P: Part-time employee who works less than 25 hours per week  
T: Temporary employee  
I: Independent Contractor  
D: Totally Disabled employee  
C: Continuee under state or federal law  
U: Employee participating in an employee welfare arrangement established pursuant to a collective bargaining agreement

[illegible]

[illegible]

Quarterly tax documentation must be submitted for the first quarter that is completed following the submission of this form. Failure to do so may constitute grounds for termination of the policy.

<i>Signature of Officer, Partner or Owner</i>	<i>Title</i>	<i>Date</i>
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Print Name of Officer, Partner, or Owner		
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<i>Signature of Witness</i>	<i>Date</i>	
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