



Renewal Service Center
12501 Whitewater Drive MN004-0200
Minnetonka, MN 55343
1-888-UHC-HLP1 (888-842-4571) – Renewal Option
Fax 952-992-4112
e-mail: plan_changes@uhc.com

Group Medicare/Continuation Change Form

Understanding Medicare Payer rules can be very confusing. Incorrect group level Medicare status on your account could result in improper premium calculation and improper claim payments. The attached form was designed to help in the understanding and administration of the working aged Medicare Payer rules and Continuation rules. It should be used to notify UnitedHealthcare of a change in your group level Medicare status and/or Continuation status. Please take a moment to read the information below, and then return the completed form to us indicating any changes you would like us to make.

Group Plan and Medicare Primary Definitions

Group Plan Primary Status: (With respect to working aged employees.) If an employer had 20 or more full and/or part-time employees each working day in each of 20 or more calendar weeks during the current or preceding calendar year, the employer must provide group benefits primary to Medicare. Group primary status takes effect the **1st of the insurance month subsequent to meeting the 20-week requirement and remains in effect for at least the remainder of that calendar year and all of the following calendar year.** The requirement is met if the employer had 20 or more employees for a total of 20 or more weeks at any time throughout the calendar year (i.e., the 20 weeks need not be consecutive).¹

Medicare Primary Status: (With respect to working aged employees.) If the employer does not meet the Group Primary Status requirements stated above, then the employer's group benefits are secondary to Medicare. **Medicare primary status takes effect January 1st of the calendar year immediately following an entire calendar year in which the employer did not have 20 or more full and/or part-time employees for 20 or more weeks.**

COBRA and State Continuation Definitions

COBRA Continuation: Under Federal Law, firms employing 20 or more full- and part-time employees on at least 50% of the employer's working days in the preceding calendar year must offer COBRA Continuation within group benefit plans.

State Continuation: Under Federal Law, firms employing less than 20 full- and part-time employees on at least 50% of the employer's working days in the preceding calendar year may have State Continuation options within group benefit plans, if applicable. (Please verify state guidelines)

¹ This form does not set forth the applicable rules for determining which corporation or individual is the employing entity. The Medicare Secondary Payer law contains reference to provisions of the Internal Revenue Code for determining whether the employer is a single employer or part of an affiliated service group. In addition, religious organizations are not aggregated for purposes of the Medicare Secondary Payer rules.



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After a review of your records, please indicate below the appropriate working aged group Medicare status, Medicare Primary or Group Health Plan Primary. Also, please provide the Continuation status that is applicable for your group. Please provide the date on which your group Medicare and/or Continuation status changed. Return this completed form (2<sup>nd</sup> Page) to UnitedHealthcare via **facsimile @ 952-992-4112**, or at the e-mail address of [plan\\_changes@uhc.com](mailto:plan_changes@uhc.com).

**Group Policy Name** \_\_\_\_\_  
**Group Policy #(s)** \_\_\_\_\_

Based on your most recent Wage & Tax statement, please specify the following:

Number of Full-Time Employees \_\_\_\_\_

Number of Part-Time Employees \_\_\_\_\_

COBRA Continuation **applies** effective \_\_\_\_\_. (mm/dd/yyyy)

COBRA Continuation **no longer applies** effective \_\_\_\_\_. (mm/dd/yyyy)

No Change Required \_\_\_\_\_

**Group Plan Primary.** The Group Plan Primary requirement was met on \_\_\_\_\_.  
(mm/dd/yyyy)

**Medicare Primary.** On what date did your firm **NOT** have 20 or more full and/or part-time employees each working day in each of 20 or more calendar weeks \_\_\_\_\_?  
(mm/dd/yyyy)

The Medicare Primary status may go into effect the first of the next calendar year

I understand that it is my responsibility, as the employer, to promptly notify UnitedHealthcare if the working aged group Medicare and/or Continuation status of my group changes over time. I certify that I have accurately determined my group's working aged group Medicare and/or Continuation status and that such status may be applicable as of the date indicated above.

**Printed Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Employer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Important Information:** This aforementioned information does not set forth all rules governing group Medicare and Continuation status. The employer should contact their legal and/or tax advisor(s) for information regarding other rules that may impact the group's Medicare and Continuation status. Under Federal law, it is the employer's responsibility to accurately determine its Medicare and Continuation status.