



MEDICARE SECONDARY PAYER (MSP) EMPLOYER ACKNOWLEDGEMENT

EMPLOYER NAME (Specify the employer, the employee trust or the association which has coverage. Names of subsidiary or affiliated companies which have coverage must also be included. Collectively referred to herein as "Company".)

EMPLOYER IDENTIFICATION NUMBER (EIN)

ADDRESS

CITY STATE ZIP CODE

GROUP NUMBER(S) SECTION NUMBER(S)

ANNIVERSARY DATE

SUBSIDIARIES

TOTAL EMPLOYEES (FULL AND PART-TIME) EMPLOYED

TOTAL EMPLOYEES ENROLLED UNDER BLUE CROSS AND BLUE SHIELD OF ILLINOIS COVERAGE

INDICATE THE TOTAL NUMBER OF MEDICARE ELIGIBLES IN EACH CATEGORY: (The blue MSP employee information form must be attached to this acknowledgement for each individual eligible for Medicare)

ACTIVE EMPLOYEES RETIREES UNDER AGE 65 DEPENDENTS

As an officer of the above named Company, I have been provided with a pamphlet entitled "Information Regarding the Medicare as Secondary Payer Statute". I understand that Blue Cross and Blue Shield of Illinois (BCBSIL) will provide basic information about individuals who are both enrolled in the Company's group health insurance plans and also covered by Medicare, to the Health Care Financing Administration (HCFA) which administers Medicare. The ability to make accurate primary and secondary determinations involving such individuals and thus to assist HCFA in processing MSP claims properly in the first instance, depends on the breadth and accuracy of the information provided by the Company to BCBSIL concerning individuals covered by our group health insurance plans. To ensure continuing accuracy, the Company acknowledges its responsibility to notify BCBSIL promptly of any changes in the size of our work force or the status of employees or their dependents that might affect the order of payment under the MSP Statute. Furthermore, the Company has conducted a survey of all employees, retirees under 65, and their dependents and represents that on this date, the information contained herein is correct.

Name of Company Officer

Signature of Company Officer

Date