



Horizon Blue Cross Blue Shield of New Jersey

Three Penn Plaza East
Newark, NJ 07105-2200
www.HorizonBlue.com

Horizon Blue Cross Blue Shield of New Jersey Massachusetts Minimum Creditable Coverage Attestation Form

Please note that by signing this form, you are attesting that your health benefit plan(s) through Horizon Blue Cross Blue Shield of New Jersey meet the minimum requirements to be considered a creditable health benefit plan under the Commonwealth of Massachusetts Health Care Reform law.

1. I am aware that beginning January 1, 2009, the Commonwealth of Massachusetts promulgated specific standards of coverage Massachusetts residents must have to avoid tax penalties.
2. The health benefit plans in effect for the period January 1, 2009 through December 31, 2009 for the group listed below have been reviewed against the minimum coverage levels required by the Massachusetts law, and they have been determined to meet the minimum levels to be considered "creditable coverage".
3. As such, I am attesting that the health benefit plans for the group listed below meet the minimum creditable coverage levels and therefore am requesting that Horizon BCBSNJ send out the applicable 1099 forms to the Massachusetts enrollees for the 2009 plan year.

Group Name: _____

Group Number: _____

Group Representative Signature: _____

Group Representative Name/Title: _____

Submitted Date: _____

Please return to: MBU Compliance Dept. PP-09E
Horizon Blue Cross Blue Shield of NJ
3 Penn Plaza East
Newark, NJ 07105-2200

Or fax to: (973) 466-8888
Attn: MBU Compliance

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