

Name of organization:		CID #:
Company address:		
Name and title of person authorized to sign certification:		
Email address:	Telephone:	Renewal date:

**CERTIFICATION**

This form is to be used to certify that the group health plan established or maintained by the organization listed qualifies for either the religious exclusion or for the temporary safe harbor (as selected below), as described in the Department of Health and Human Services bulletin entitled "Guidance on the Temporary Enforcement Safe Harbor for Certain Employers, Group Health Plans and Group Health Insurance Issuers with respect to the requirement to cover contraceptive services without cost-sharing under section 2713 of the Public Health Service Act, Section 715(a)(1) of the Employee Retirement Income Security Act, and Section 9815(a)(1) of the Internal Revenue Code," pertaining to the coverage of FDA-approved contraceptive services for women without cost-sharing.

**DESCRIPTION (Please check the applicable exclusion)**

- A religious employer** may be exempt from the requirement to cover contraceptive services. A religious employer is one that meets all of the following provisions: has the inculcation of religious values as its purpose • primarily employs and serves persons who share its religious tenets • is a non-profit organization under Internal Revenue Code section 6033 (a)(1) and section 6033 (a)(3)(i) or (iii) 45 C.F.R. 147.130(a)(1)(iv)(B).

**AUTHORIZATION:** I certify that the organization meets the definition of a religious employer as defined above for the following group numbers:

I declare that, to the best of my knowledge and belief, this certification is true and correct. I also declare that this certification is complete.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of the individual listed above:** \_\_\_\_\_

Please return this form by **June 8, 2012** by mail to: Independence Blue Cross, Marketing Department, 29<sup>th</sup> floor, P.O. Box 13841, Philadelphia, PA 19101-9661, Attn: Women's Preventive Health Services

**Or email/fax to:** [WomensPreventiveHealthCare@ibx.com](mailto:WomensPreventiveHealthCare@ibx.com) / 215-238-2326

- The safe harbor provision** allows group health plans to delay implementation of the coverage of contraceptives without cost-sharing for one year. For group health plans eligible for the delayed implementation, implementation of coverage of contraceptives without cost-sharing will become effective in the first plan year that begins on or after August 1, 2013. The safe harbor provision is available only to non-exempted, non-grandfathered group health plans that meet all four of the following criteria:

- Organized and operates as a non-profit entity; and
- From February 10, 2012, and onward, the plan established or maintained by the organization has not provided contraceptive coverage at any point, consistent with any applicable state law, because of the organization's religious beliefs; and
- The plan must give participants a specified notice – on any application materials distributed in connection with enrollment (or re-enrollment) in coverage that is effective beginning on the first day of the first plan year that is on or after August 1, 2012 – stating that contraceptive coverage will not be eligible for that plan year; and
- The organization self-certifies, via this certification form signed by an authorized organizational representative, that it satisfies all of the above criteria.

**AUTHORIZATION:** I certify that the organization is operated as a non-profit entity, and that, at any point from February 10, 2012, onward, contraceptive coverage has not been provided by the plan, consistent with any applicable state law, because of the religious beliefs of the organization for the following group numbers:

I declare that, to the best of my knowledge and belief, this certification is true and correct. I also declare that this certification is complete. Failure to provide the requisite notice to the plan participants renders a group health plan ineligible for the temporary enforcement safe harbor and applicable benefit mandate laws/regulations will apply.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of the individual listed above:** \_\_\_\_\_

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