



Independence Blue Cross  
 1901 Market Street  
 Philadelphia, PA 19103

**SMALL EMPLOYER CERTIFICATION**

**Group Name:** \_\_\_\_\_

**Group Contact :** \_\_\_\_\_

**Group Address:** \_\_\_\_\_

(Street, including Department, Suite or Floor)

(City)

(State)

(Zip Code)

**Telephone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_

**Type of Business:** \_\_\_\_\_ **EIN#:** \_\_\_\_\_

-----  
**ONLY USE THIS FORM IF A PENNSYLVANIA UNEMPLOYMENT COMPENSATION TAX FORM (UC2A) IS NOT AVAILABLE AND ONE OF THE FOLLOWING CIRCUMSTANCES EXIST:**

**Check One:**  Newly formed company as of: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date

Pennsylvania Unemployment Compensation Tax Form (UC-2A) has not been filed yet. I understand that I must submit a copy of our next UC-2A to my Administrator within 90 days.

Family owned business or non-profit entity that does not file UC-2A with State. I am enclosing additional documentation as proof of business.

-----  
 An "eligible employee" is any of the following:

- An owner or partner actively engaged in the business.
- A full-time employee of the business working at least 20 or more hours a week.
- A part-time employee, as long as all part-time employees are covered (the decision of whether to provide coverage for this class of individuals is at the discretion of the employer).
- Active over Age 65 employees and retirees to the extent that such retirees are covered pursuant to the employer's established written retiree program. However, groups consisting exclusively of retirees are not eligible for Independence Blue Cross Coverage.

**All employees must be listed on the back of this form, regardless of their coverage status.**



