



**Health Solutions**  
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## Medicare Secondary Payer Letter Reply Form

How many employees do you have as of today regardless of benefit eligibility including part-time and seasonal employees?

Non Benefit Eligible EES \_\_\_\_\_ Benefit Eligible EES \_\_\_\_\_ Total ALL EES \_\_\_\_\_

1. In the following years, did you have 20 or more employees for 20 or more calendar weeks?  
The weeks do not need to be consecutive. Employees include full time, part time, intermittent and/or seasonal. Current employment is defined as those who receive W2 forms, excluding any independent contractors and religious who are covered under the health plan through their Order.

**2025** ☐ Yes ☐ No

If yes, on what date did you hit the 20 weeks \_\_\_\_\_

**2024** ☐ Yes ☐ No

If yes, on what date did you hit the 20 weeks \_\_\_\_\_

**2023** ☐ Yes ☐ No

If yes, on what date did you hit the 20 weeks \_\_\_\_\_

2. In the following years, did your organization participate in a multi or multiple employer Group Health Plan in which there was at least one employer who had 20 or more employees for 20 or more calendar weeks?

The weeks do not need to be consecutive. Employees include full time, part time, intermittent and/or seasonal. Current employment is defined as those who receive W2 forms, excluding any independent contractors and religious who are covered under the health plan through their Order.

**2025** ☐ Yes ☐ No

If yes, on what date did one or more groups meet the 20 weeks \_\_\_\_\_

**2024** ☐ Yes ☐ No

If yes, on what date did one or more groups meet the 20 weeks \_\_\_\_\_

**2023** ☐ Yes ☐ No

If yes, on what date did one or more groups meet the 20 weeks \_\_\_\_\_

**If the answer is Yes, to either question, for all years,** Christian Brothers Employee Benefit Trust will be the Primary Payer on any actively working aged 65 or older employee or covered spouse.

**If the answer is No,** to either question, for all years, Medicare will be the Primary Payer on any actively working aged 65 or older employee or covered spouse.

**For mixed and matched Yes/No answers,** please see the examples in the 'Medicare Law Guidelines' attachment.

Signature:

Date:

Tax ID Number:

Location #: