



### Certification Employer Funding (51+)

Employer acknowledges that Independence Blue Cross (IBC) considers underlying plans or arrangements that either partially or completely fund deductibles in excess of 50% to be material to its rating of its high deductible health plans (HDHPs).

Underlying plan/arrangement offered? Yes \_\_\_\_\_ No \_\_\_\_\_

If “Yes” please attach a complete description of the underlying plan or arrangement and confirm the following: Employer represents and warrants that it has not funded more than 50% of the deductible for the HDHP plan that has been quoted by IBC either by 1) contributing more than 50% of the deductible costs, 2) providing a supplemental plan that pays more than 50% of the deductible costs, 3) paying more than 50% of the deductible costs, or 4) any combination thereof.

Employer acknowledges and agrees that IBC has relied on the representations in this Certification and that such information is material to establishing premium rates for HDHP plans offered by IBC to Employer. Specifically in offering the quote, IBC has relied upon the representation that Employer has not established any underlying plans or other arrangements that fund more than 50% of the deductible.

By signing below, you are certifying that the information provided above is true and complete and that you will notify IBC immediately if at any time during the term of the HDHP plan you implement any of the actions as described above to fund the deductible in excess of 50%.

Employer further agrees that if the representations are incorrect or at any time during the term of the IBC HDHP plan purchased by Employer, Employer creates, implements, or purchases an underlying plan or establishes any other mechanism to fund more than 50% of the deductible, IBC may take the following actions: 1) adjust the premiums retroactively, or 2) terminate the group program.

**So certified:**

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

Date: \_\_\_\_\_

Title: \_\_\_\_\_