



Religious Employer Exemption Certification

A group health plan may be exempt from covering contraceptive services required by state and federal law if the employer that establishes or maintains such plan qualifies as a religious employer under applicable state and federal law, including but not limited to the Patient Protection and Affordable Care Act (PPACA), as amended. By completing this form, your organization attests that it is a religious employer under applicable state and federal law and agrees as follows:

By signing this Certification, the organization below:

1. certifies that it has reviewed the requirements to qualify for the religious employer exemption(s) for coverage of contraceptive services under applicable state and federal law, including but not limited to PPACA, and has sought the advice of its legal advisor or benefit consultant, if necessary,
2. certifies that it is a religious employer that is exempt from covering contraceptive services under applicable state and federal law, including but not limited to PPACA,
3. requests Common Ground Healthcare Cooperative exclude coverage for contraceptive services from the plan issued by Common Ground Healthcare Cooperative for the organization,
4. certifies that it will provide to its group health plan enrollees and prospective enrollees such notices as may be required by applicable law regarding exclusion of contraceptive coverage under its plan,
5. acknowledges its responsibility to comply with all requirements under applicable state and federal law for assessing and maintaining its exempt religious employer status, and
6. agrees to notify Common Ground Healthcare Cooperative at least 30 days in advance of any change that causes its exempt religious employer status to end.

Please note: Please sign and return this completed certification form with your Application. If your organization does not sign and return this form as required above, coverage for contraceptive services, as required by law, will be included in your plan.

Name of Organization: _____

Authorized Signature: _____

Print Name: _____

Title: _____

Date: _____

Return signed form to: Common Ground Healthcare Cooperative, 120 Bishop's Way, Suite 150, Brookfield, WI 53005