

# 2025 Retiree-Only Group Attestation Form



To ensure compliance with federal health care reform, Blue Cross and Blue Shield of Minnesota requires that all group plans provide the following information with their renewal and sign and date this form.

Group name	Group renewal date	Plan year (may be different than the group's renewal date)

## Retiree-only plan's attestation

Federal health care reform does not apply to retiree-only plans sponsored by employers in the private sector if the plan(s) do not contain any active employees. Employer plans with retiree only group(s) that do **NOT** want to apply the federal health care reform provisions must notify Blue Cross and attest that the groups do not contain any active employees.

To be eligible, retiree-only groups must be a separate ERISA plan for retirees only with a separate Form 5500 filing and a separate Summary Plan Description. For plans that do not meet this requirement, Blue Cross will administer an alternative option and strongly recommends that the plan only proceed upon advice of their legal counsel. To proceed with the alternative option, Blue Cross requires the following:

- The plan must provide the group/subgroup information for each group that is retiree only
- The plan must attest that the group is a truly stand-alone retiree plan that is not subject to federal health care reform provisions

### Retiree Only:

- We attest that the following group(s) is/are retiree only and do/does not cover active employees and therefore is/are not required to comply with federal health care reform

**For multiple group/subgroup attestation, please include group/subgroup information in an attachment.**

The signing party below, on behalf of our group plan(s), warrants that the information provided in this form and any attachments submitted in support of this form is true and correct, and agrees to hold Blue Cross and Blue Shield of Minnesota and Blue Plus harmless from any liability, and to indemnify Blue Cross and Blue Shield of Minnesota and Blue Plus for any claims brought by third parties resulting from any information the signing party has provided in this form. If returning by email, both parties agree to conduct this transaction electronically.

Signature: \_\_\_\_\_ Typed/printed name: \_\_\_\_\_  
(type or sign)

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