

EXHIBIT BB

PART 1

**CERTIFICATION OF COMPLIANCE WITH SMALL EMPLOYER HEALTH
BENEFITS PLANS**

In accordance with N.J.A.C. 11:21-4.2, submit this form, by March 1 of every year, to the SEH Board at the address specified at N.J.A.C. 11:21-1.3. Carriers must complete the certification as set forth in this Exhibit; the words in the certification may not be altered.

1. INFORMATION ABOUT THE CARRIER AND RESPONDENT

Carrier

Name: _____

NAIC #: _____

Respondent Information:

Name: _____ Title: _____

Address: _____

Telephone: _____ FAX: _____

Email address: _____

2. COMPLIANCE

Check the appropriate response(s).

_____ (a) Plans B, C, D and E (both policies and certificates comply fully with the SEH Board's small employer health benefits plans forms and Explanation of Brackets set forth at Exhibits F, W and K, respectively, of the Appendix to N.J.A.C. 11:21.

_____ (c) The HMO Plan (both contract and evidence of coverage) complies fully with the SEH Board's small employer health benefits plans form and Explanation of Brackets set forth at Exhibit G, Y and K, respectively, of the Appendix to N.J.A.C. 11:21.

_____ (d) The HMO/POS plan (both contract and evidence of coverage) complies fully with the SEH Board's small employer health benefits plans form and Explanation of Brackets set forth at Exhibits HH, II and K, respectively, of the Appendix to N.J.A.C. 11:21, and the HMO is in

compliance with regulations governing an HMO's ability to offer out-of-network services set forth at N.J.A.C. 11:24-14.

_____(e) All applications, certifications, and waiver forms, comply fully with the SEH Board's forms posted on www.state.nj.us/dobi/division_insurance/ihcseh/sehforms.html and in Exhibit T, of the Appendix to N.J.A.C. 11:21.

3. CERTIFICATION

I, the Undersigned, certify that this completed form is true and accurate, and that I am an officer of the carrier duly authorized to submit this certification.

I certify that any stop loss or excess risk insurance issued or renewed by the carrier meets the retention limits set forth in the definition of "stop loss" or "excess risk insurance" as defined at N.J.S.A. 17B:27A-17.

Signature Title

Printed Name _____ Date _____

EXHIBIT BB

PART 2

**CERTIFICATION OF PROMOTIONAL
AND MARKETING MATERIAL**

Submit this form pursuant to N.J.A.C. 11:21-17.3 by March 1 of every year to the SEH Board at the address specified at N.J.A.C. 11:21-1.3 and to the Division of Life and Health Actuaries, New Jersey Department of Banking and Insurance, 20 W. State Street, CN-325, Trenton, NJ 08625-0325, Attn: SEH Promotional and Marketing Certification.

Carrier's Name: _____ NAIC #: _____

Respondent's Name: _____

Respondent's Title _____

Respondent's Address: _____

Respondent's Phone: _____ FAX: _____

Respondent's Email: _____

I, the undersigned, hereby certify that the promotional and marketing material to be disseminated regarding the small employer health benefits plans, including all terms definitions and text, are consistent with N.J.S.A. 17B:27A-17 et seq. and N.J.A.C. 11:21.

I certify that this completed form is true and accurate, and that I am an officer of the carrier duly authorized to submit this certification.

Date Signature (No stamps)

Printed Name

Title