**EXHIBIT BB**

**PART 2**

**CERTIFICATION OF PROMOTIONAL**

**AND MARKETING MATERIAL**

Submit this form pursuant to N.J.A.C. 11:21-17.3 by April 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, PO Box-325, Trenton, NJ 08625-0325, Attn: SEH Promotional and Marketing Certification.

Carrier’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAIC #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent’s Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent’s Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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.

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Date Signature (No stamps)

Printed Name

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Title