



## ANNUAL 2025 MSP VERIFICATION

Employer Name:	Group Number:
Address:	
Employer Group Email Address:	

Employer Identification Number (EIN)	
EIN on file with SummaCare:	
The EIN above was used for your 2024 tax filing:	<input type="checkbox"/> Yes <input type="checkbox"/> No * If No, please provide updated EIN below
* Updated EIN (if applicable):	

1. Did you file a separate federal tax return, not consolidated with another individual or entity for 2024?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. For 2024 how many employees did all entities have on payroll?  <b>PLEASE NOTE:</b> Number of Employee's should not be zero. If you are a sole proprietor, include yourself in the employee count.	<hr/> (# of employees)	
3. Did you have 20 or more total employees for each working day in each of 20 or more calendar weeks in 2024 or 2023?	2024	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2023	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the threshold was met during 2024, enter the date the threshold was met. ____/____/____		
4. Did you have 100 or more total employees working 50 percent or more of your business days during 2024?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you purchase your insurance as a member of an association (eg. Greater Akron Chamber, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I understand that SummaCare is relying on my answers to the above questions to determine whether Medicare will be the primary payer of claims for my Medicare eligible insured(s). I certify that the answers are true to the best of my knowledge and belief. I also understand that I am responsible for promptly notify SummaCare, as indicated in the instructions, if there are any changes to the above information.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**RETURN FORM TO:**  
SummaCare, MSP Eligibility Dept.  
P.O. Box 3620  
Akron, OH 44309-3620  
Fax: 330-996-8953  
E-mail: [GroupIndSolProcess@SummaCare.com](mailto:GroupIndSolProcess@SummaCare.com)

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