SummaCare

ANNUAL 2026 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 2025 tax filing:	☐ Yes ☐ 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 2025?		☐ Yes	☐ No
2. For 2018 how many employees did all entities have on payroll? **PLEASE NOTE:** Number of Employee's should not be zero. If you are a sole proprietor, include yourself in the employee count.		_____ (# of employees)	
3. Did you have 20 or more total employees for each working day in each of 20 or more calendar weeks in 2025 or 2024? If the threshold was met during 2025, enter the date the threshold was met. ____/____/____	2025	☐ Yes	☐ No
	2024	☐ Yes	☐ No
4. Did you have 100 or more total employees working 50 percent or more of your business days during 2025?		☐ Yes	☐ No
5. Do you purchase your insurance as a member of an association (eg. Greater Akron Chamber, Jackson-Belden Chamber of Commerce, etc.)		☐ Yes	☐ 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