**Employer Notice of Request for Accommodation and**

**Self-Certification Form**

The form shall be completed annually for any employer seeking an accommodation. Once completed, the form should be submitted via email to: (Insurer’s email address) or by U.S. mail to: (Insurer’s mailing address).

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

Plan Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following eligible employer has a religious objection to providing coverage of:

[ ] All; **OR**

[ ] a Subset of Contraceptive Services required to be covered under D.C. Code § 31-3834.

1. Name of eligible organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer is a: [ ] Closely held for-profit; **OR** [ ] Non-profit (religious organization);

1. If the eligible employer objects to providing coverage of a subset of contraceptive services, include a list of the services the eligible organization objects to covering:

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

(3) Information being submitted is (check one):

[ ] Original information; **OR** [ ] Updated information.

*If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of authorized representative of eligible employer Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed name of authorized representative of eligible employer