

How to Complete the Employer Notice of Request for Religious Accommodation and Self-Certification Form

The following instructions will help you understand how to complete the Employer Notice of Request for Religious Accommodation and Self-Certification Form.

Before beginning, please review the definitions of an “eligible organization.” To request religious accommodation, your organization must be one of the following:

- **Closely-held for-profit organization** – An organization where the highest governing body (such as its board of directors, board of trustees, or owners, if managed directly by its owners) has adopted a resolution or similar action establishing that it objects to covering some or all of the contraceptive drugs, devices, products, or services on account of the owners' sincerely held religious beliefs.
- **Non-profit religious organization** – An organization that holds itself as a religious organization and objects to covering some or all the contraceptive drugs, devices, products, or services on account of its sincerely held religious beliefs;

If one of the above applies, complete the required fields defined below:

1. **Date:** Enter today's date.
2. **Plan Year (Effective Date):** Enter your upcoming benefit plan year effective date (ex. January 1, 2020).
3. **Group:** Enter your organization's full legal name and group number.
4. Identify the **type of accommodation** you are requesting by selecting:
 - a. **“All”** for a full accommodation (all contraceptives are excluded), or
 - b. **“a Subset of Contraceptive Services”** (emergency contraceptives only are excluded*)
5. **Name of eligible organization:** Enter the full legal name of the organization. (If you are submitting this request of behalf of a subsidiary organization or multiple subsidiaries of the Group name provided above, please list all organizations where the accommodation will apply.)
6. **Contact information:** Enter the full name, telephone number and email address of the person(s) to be contacted regarding this request.

7. Identify your organization (**Employer**) type, by selecting one of the following (as defined above):

- a. Closely held for-profit
- b. Non-profit (religious organization)

8. If “**a Subset of Contraceptive Services**” is selected, please complete table (2) on the form as followed:

emergency contraceptives	

9. Describe the information being submitted by selecting one of the following:

- a. “**Original information,**” if this is your organization’s first request for accommodation.
- b. “**Updated information,**” if any information has changed from what the organization submitted last year. Please include the date when the information was, or will be, effective and what changed.

10. **Signatures:** Please sign and date the form as indicated.

11. **Return the completed form to your broker.**

*Note: Emergency contraception or contraceptive is defined as FDA-approved contraceptive devices or prescription drugs prescribed or designed for use within a limited amount of time after intercourse to prevent pregnancy. These include, but are not limited to:

- a. FDA-approved intrauterine or other devices designed and approved for post-intercourse use to prevent pregnancy
- b. FDA-approval post-intercourse uses of progestin-levonorgestrel drugs (including over-the -counter levonorgestrel), ulipristal acetate drugs (including over the counter ulipristal acetate), or estrogen-progestin drug protocols to prevent pregnancy; or
- c. Other drugs, drug protocols or devices that are approved by the FDA for post-intercourse use within a limited amount of time to prevent pregnancy.

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The form shall be completed annually for any employer seeking an accommodation. Once completed, the form should be submitted to your broker.

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);

(2) 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