

Oregon Group Size Determination Form

For group health benefit plans purchased outside of the SHOP marketplace, this form must be completed for new and renewing groups to determine whether a group qualifies as a small employer.

If an employer has more than 50 full-time (FT) and full-time equivalent (“FTE”) employees, Providence Health Plan (PHP) may provide the employer a quote as a large group. PHP must treat the employer as a small group if the employer has at least one, but not more than 50, FT and FTE employees.

To determine your workforce size for the purpose of determining your market size, you will:

1. Determine your total number of FT employees consistent with the instructions below;
2. Determine your total number of FTE employees consistent with the instructions below; and
3. Add your FT total and your FTE total together.

Please answer the questions below so we can determine the appropriate coverage for your business.

FT Counting Instructions

For each month of the prior calendar year, total the number of employees working an average of 30 hours or more per week during the calendar month or 130 hours or more during the calendar month. Divide that number by 12.

FTE Counting Instructions

For each calendar month of the prior calendar year, follow these two steps:

1. Combine the number of hours of service of all non-full-time employees for the month but do not include more than 120 hours of service per employee; and
2. Divide the total by 120.

To obtain your calendar year FTE total for use in the final market size calculation, add together the numbers for every calendar month of the prior calendar year, and divide that total number by 12.

The following employees should not be included in the count:

- Leased employees
- Contracted employees
- Sole proprietors and partners in a partnership
- 2% S corporation shareholders
- Spouse of sole proprietors, a partner in partnership, or a 2% S corporation shareholder
- Retired or former employees on continuation of coverage

Controlled and Affiliated Groups

Controlled and Affiliated Groups means groups that are commonly controlled and/or affiliated as described in subsection (b), (c), (m), or (o) of section 414 of the Internal Revenue Code of 1986. If a group is a controlled or affiliated group of employers, a carrier must treat the group as a single group, and the controlled group must complete one group profile form.

Controlled Groups include parent-subsidiary, brother-sister, and the combination of both of the preceding.

Seasonal Workers

An employer is not considered to have more than 50 full-time employees (including full-time equivalent employees) if both of the following apply:

1. The employer's workforce exceeds 50 full-time employees (including full-time equivalent employees) for 120 days or fewer during the calendar year; and
2. The employees in excess of 50 employed during such 120-day period are seasonal workers.

Owners

In answering the questions about employees, an owner is generally not considered an employee even if the owner performs services for the business for compensation. However, an owner may participate in a group plan as long as the group employs at least one common law employee that is enrolled in the plan, and that offers the group health plan to all full-time employees.

An owner includes:

- A sole proprietor and the sole proprietor's spouse
- A member of a single-member limited liability company and the member's spouse
- The owner of a wholly owned corporation and the owner's spouse

Group Info

_____	_____/_____/_____
COMPANY	RENEWAL DATE
_____	_____
PHP GROUP NUMBER (IF APPLICABLE)	ADDRESS
_____	_____
COMPANY HEADQUARTERS (STATE)	CONTACT NAME AND TITLE
_____	_____
CONTACT PHONE NUMBER	CONTACT EMAIL ADDRESS
_____	_____
PRODUCER NAME	PRODUCER PHONE NUMBER

Questions

1. Are you part of a controlled group?

2. If you are part of a controlled group, who is the employer for purposes of filing taxes?

3. How many FTs were in your group the prior calendar year? (If you are part of controlled group, this is the total FTs of the controlled group).

4. How many FTEs were in your group the prior calendar year? (If you are part of controlled group, this is the total FTEs of the controlled group).

5. What is the sum total of your answers to questions 3 and 4 above? If the answer is 51 or more, you are eligible for coverage in the large group market instead of the small group market.

6. For the purpose of determining eligibility, employers must have at least one **benefit eligible and enrolling common law employee at the time of enrollment** (i.e., not an owner or spouse of owner). How many **enrolling common law employees, excluding owners and spouses of owners**, will be in your group as of the effective date of coverage?

7. How many benefit eligible employees will be in your group as of the effective date of coverage?

To the best of my knowledge, the above information is true and complete and shall be used during the group assessment process.

PRINT NAME

____/____/____
DATE

SIGNATURE