Group Size Attestation

If you have any questions, please contact your broker or Health Net account manager.

1. Employer group information

☐ New Group   ☐ Existing Group

Policyholder/Company name: _____ DBA: _____

Group/Parent ID or policyholder number: _____ Phone number: _____

2. Group size attestation

Total number of full-time and/or part-time employees: _____ as of _____. Consider your total number of employees worldwide, no matter where they reside or if they qualify for health care coverage. An employee is any person who gets a W-2 from the company. This includes full time, part time and seasonal workers, whether or not they qualify for benefits.

Indicate how many full-time benefit-eligible employees you have: _____

Indicate how many full-time employees, including full-time equivalents (FTEs), you employed in the most recent calendar year: _____

Note: Sole proprietors and their spouses, and partners of a partnership and their spouses, cannot be counted as employees when determining if a group has at least one employee.

Indicate your methodology for calculating group size:
☐ 50% of the prior calendar **quarter** test   ☐ 50% of the prior calendar **year** test

Indicate your market segment for the upcoming coverage period (based on most recent calendar year employee figures):

☐ My company meets the definition of a **"small employer"** for the upcoming coverage period.
☐ My company meets the definition of a **"large employer"** for the upcoming coverage period.

A **"large employer"** must employ at least 101 full-time employees, including full-time equivalents, on business days during the preceding calendar year.

Has your organization been part of multiple employer group health plans? ☐ No   ☐ Yes

If "Yes," please provide dates, names, TINs, and addresses: _____

_____

3. Employer group signature

I, the employer, am responsible for notifying Health Net of any changes occurring during the course of a calendar year that could impact my employer size determination related to MSP, MLR or Health Care Reform. I understand that Health Net is relying on my answers to the above questions for accurate reporting to CMS under Section 111 guidelines. I certify the above information is true and complete to the best of my knowledge and belief and I understand that I must promptly notify Health Net of any changes to the above information. Health Net of California, Inc. (Health Net) reserves the right to request additional documentation in order to verify eligibility.
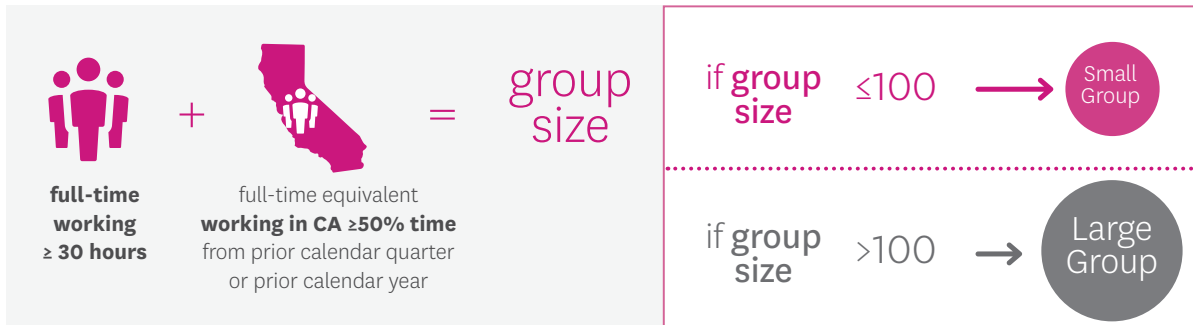
Name (print): _____ Title (print): _____

Signature: _____ Date: _____

Please contact your Health Net account representatives to return your completed form.

Group size guidelines

Pursuant to the Affordable Care Act (ACA), California has adopted the federal definition of who is an employee for purposes of determining your group's correct market segment (e.g., Large Group or Small Group). The information below will help you determine your group's size using the same calculation to determine employer liability under the "Shared Responsibility for Employer" provisions of the ACA and the Internal Revenue Code.

Calculation of group size

full-time working ≥ 30 hours + **full-time equivalent working in CA ≥50% time** from prior calendar quarter or prior calendar year = group size

if **group size** ≤100 → Small Group

if **group size** >100 → Large Group

The definition of a small employer requires the group size be determined by adding together the number of full-time employees (i.e., those working a minimum of 30 hours per week on average) and full-time equivalent (FTE) employees, the majority of whom were working in California for 50% of the prior calendar quarter or 50% of the prior calendar year. Seasonal workers, temporary workers, leased employees, contractors, and those on COBRA are not counted.

Health Net of California, Inc. (Health Net) will not perform this calculation on behalf of the employer but require the employer to fill out a form attesting to the fact that they have performed the calculation to determine group size using one of the methods described below.

NOTE: any group with 100 or fewer employees on their quarterly wage and withholding report (DE 9C) cannot be a Large Group, so this calculation does not need to be performed unless a group has 101 employees or more on its DE 9C.

50% of the prior calendar quarter test

To determine the number of full-time equivalents using the 50% of the prior calendar quarter test, add up the total number of hours worked by all non-full-time employees (i.e., those working less than 30 hours per week on average) over the course of 6 weeks during the calendar quarter prior to the quarter for which coverage is being requested, and divide that number by 180. If your calculation does not come out to a whole number, round down.

Formula:

Total # of full-time employees + (total # of non-full-time employees' hours worked divided by 180)

Example 1:

An employer has applied for coverage effective March 1 and has submitted the prior year Q4 DE 9C and 6 weeks of payroll from the same time period. There are 90 full-time employees, and the non-full-time employees worked 900 hours over the course of 6 weeks. Group size is calculated as follows:

90 full-time employees + [900 non-full-time employees hours ÷ 180] = 95

In this example, there are fewer than 101 employees, so the group is eligible for Small Group coverage.

Example 2:

An employer has applied for coverage effective February 1 and has submitted the prior year Q4 DE 9C and 6 weeks of payroll from the same time period. There are 95 full-time employees, and the non-full-time employees worked a total of 1,200 hours over the course of 6 weeks. Group size is calculated as follows:

95 full-time employees + [1,200 non-full-time employees hours ÷ 180] = 101
101.64 = 101 (rounded down)

In this example, there are 101 employees, so the group is not eligible for Small Group coverage.

50% of the prior calendar year test

To determine the number of full-time equivalents using the 50% of the prior calendar year test, add up the number of hours worked by all non-full-time employees (i.e., those working less than 30 hours per week on average) over the course of a month and divide that number by 120. That is your FTE calculation for one month. Perform that calculation for 6 months during the prior calendar year and divide that number by 6. **If your calculation does not come out to a whole number, round down.** That is your FTE calculation for 50% of the prior calendar year.

Formulas:

Total # of full-time employees + (total # of non-full-time employees' hours worked divided by 120)

(Employee count for month 1 + month 2 + month 3 + month 4 + month 5 + month 6) divided by 6

Example 1:

An employer has applied for coverage effective January 1 and has submitted the prior year Q2 and Q3 DE 9Cs and 26 weeks of payroll from the same time period. It is determined there were 87 full-time employees in April, 94 in May and June, 92 in July, and 93 in August and September. It was also determined that the non-full-time employees worked 1,000 hours in April, 900 hours in May, 950 hours in June, 1,100 hours in July, 1,050 hours in August, and 1,200 hours in September. Group size is calculated as follows:

April

$87 + [1,000 \div 120] = 95$

full-time employees | non-full-time employees hours | 95.33 = 95 (rounded down)

July

$92 + [1,100 \div 120] = 101$

full-time employees | non-full-time employees hours | 101.17 = 101 (rounded down)

May

$94 + [900 \div 120] = 101$

full-time employees | non-full-time employees hours | 101.5 = 101 (rounded down)

August

$93 + [1,050 \div 120] = 101$

full-time employees | non-full-time employees hours | 101.75 = 101 (rounded down)

June

$94 + [900 \div 120] = 101$

full-time employees | non-full-time employees hours | 101.9 = 101 (rounded down)

September

$93 + [1,200 \div 120] = 103$

full-time employees | non-full-time employees hours | 101.75 = 101 (rounded down)

$[95 + 101 + 101 + 101 + 101 + 103] \div 6 = 100$

April + May + June + July + Aug. + Sept. (months)

100.78 = 100 (rounded down)

$100 \longrightarrow$ Small Group

In this example, there are fewer than 101 employees, so the group is eligible for Small Group coverage.

English

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or call 1-800-522-0088   (TTY: 711).

Arabic

خدمات اللغة مجانية. يمكنك الحصول على مترجم فوري. ويمكنك الحصول على وثائق مقروءة لك. للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية، أو اتصل على مركز الاتصال التجاري (711 :TTY)   1-800-522-0088

Armenian

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեզ համար: Oգնության համար զանգահարեք մեզ ձեր ID քարտի վրա նշված հեռախոսահամարով կամ զանգահարեք 1-800-522-0088   (TTY: 711).

Chinese

免費語言服務。您可使用口譯員。您可請人使用您的語言將文件內容唸給您聽，並請我們將有您語言版本的部分文件寄給您。如需協助，請致電您會員卡上所列的電話號碼與我們聯絡，或致電 1-800-522-0088   (TTY: 711)。

Hindi

बिना लागत की भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं। आपको दस्तावेज पढ़ कर सुनाए जा सकते हैं। मदद के लिए, आपके आईडी कार्ड पर दिए गए सूचीबद्ध नंबर पर हमें कॉल करें, या 1-800-522-0088   (TTY: 711)।

Hmong

Kev Pab Txhais Lus Dawb. Koj xav tau neeg txhais lus los tau. Koj xav tau neeg nyeem cov ntaub ntawv kom yog koj hom lus los tau. Xav tau kev pab, hu peb tau rau tus xov tooj ntawm koj daim npav los yog hu 1-800-522-0088   (TTY: 711).

Japanese

無料の言語サービス。通訳をご利用いただけます。文書をお読みします。援助が必要な場合は、IDカードに記載されている番号までお電話いただくか、 1-800-522-0088   、(TTY: 711)。

Khmer

សេវាភាសាដោយឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ អ្នកអាចស្តាប់គេអាននិងកសារឱ្យអ្នក។ សម្រាប់ជំនួយ សូម ទាក់ទងយើងខ្ញុំតាមរយៈលេខទូរស័ព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក ឬ ទាក់ទងទៅមជ្ឈមណ្ឌលទំនាក់ទំនងពាណិជ្ជកម្ម នៃក្រុមហ៊ុន 1-800-522-0088   (TTY: 711).។

Korean

무료 언어 서비스. 통역 서비스를 받을 수 있습니다. 귀하가 구사하는 언어로 문서의 낭독 서비스를 받으실 수 있습니다. 도움이 필요하시면 보험 ID 카드에 수록된 번호로 전화하시거나 1-800-522-0088   (TTY: 711).

Navajo

Saad Bee Áká E'eyeed T'áá Jíík'e. Ata' halne'ígíí hóló. T'áá hó hazaad k'ehjí naaltsoos hach'į' wóltah. Shíká a'doowoł nínízingo naaltsoos bee néího'dólzinígíí bikáa'gi béésh bee hane'í bikáá' áají' hodíílnih éí doodaii' 1-800-522-0088   (TTY: 711).

Persian (Farsi)

خدمات زبان به طور رايگان. می توانيد يک مترجم شفاهی بگيريد. می توانيد درخواست کنيد که اسناد برای شما قرائت شوند. برای دريافت راهنمايی، با ما به شماره ای که روی کارت شناسايی شما درج شده تماس بگيريد يا با مرکز تماس بازرگانی 1-800-522-0088   (TTY: 711) .

Panjabi (Punjabi)

ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਤੋਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀ ਇੱਕ ਦੁਭਾਸ਼ੀਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਸਾਨੂੰ ਕਾਲ ਕਰੋ ਜਾਂ ਕਰਿਪਾ ਕਰਕੇ 1-800-522-0088 (TTY: 711).

Russian

Бесплатная помощь переводчиков. Вы можете получить помощь устного переводчика. Вам могут прочитать документы. За помощью обращайтесь к нам по телефону, приведенному на вашей идентификационной карточке участника плана. Кроме того, вы можете позвонить в 1-800-522-0088 (TTY: 711).

Spanish

Servicios de idiomas sin costo. Puede solicitar un intérprete. Puede obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o comuníquese con el 1-800-522-0088 (TTY: 711).

Tagalog

Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng isang interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo. Para sa tulong, tawagan kami sa nakalistang numero sa inyong ID card o tawagan ang 1-800-522-0088 (TTY: 711).

Thai

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังได้ สำหรับความช่วยเหลือ โทรหาเราตามหมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ หรือ โทรหาศูนย์ติดต่อเชิงพาณิชย์ของ 1-800-522-0088 (TTY: 711)

Vietnamese

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu. Để nhận trợ giúp, hãy gọi cho chúng tôi theo số được liệt kê trên thẻ ID của quý vị hoặc gọi 1-800-522-0088 (TTY: 711).