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 Equivalents (“FTE”) employees, 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 following questions so that we can determine the appropriate coverage for your business.

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 benefit eligible common law employee.

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;

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.

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:
- Temporary employees
- Seasonal employees
- Leased employees
- Contracted employees
- Retired or former employees on continuation of coverage
- Sole proprietors and their spouses
**Seasonal Workers**

An employer is not considered to have more than 51 full-time employees (including full-time equivalent employees) if both of the following apply:

1. The employer's workforce exceeds 51 full-time employees (including full-time equivalent employees) for 120 days or fewer during the calendar year, and
2. The employees in excess of 51 employed during such 120-day period are seasonal workers.

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**GROUP INFO**

<table>
<thead>
<tr>
<th>Company:</th>
<th>Renewal date:</th>
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<tbody>
<tr>
<td>PHP Group number (if applicable):</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Company headquarters (state):</td>
<td></td>
</tr>
<tr>
<td>Contact name and title:</td>
<td></td>
</tr>
<tr>
<td>Email address and telephone number:</td>
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</tr>
<tr>
<td>Producer name and telephone number:</td>
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</tbody>
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**QUESTIONS**

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>ANSWERS</th>
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</thead>
<tbody>
<tr>
<td>1) Are you part of a controlled group?</td>
<td></td>
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<tr>
<td>2) If you are part of a controlled group, who is the employer for purposes of filing taxes?</td>
<td></td>
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<tr>
<td>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).</td>
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<tr>
<td>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).</td>
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<tr>
<td>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.</td>
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<tr>
<td>6) For the purpose of determining eligibility, employers must have at least one common law employee at the time of enrollment. How many employees will be in your group as of the effective date of coverage? (This number is your total employee headcount.)</td>
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<tr>
<td>7) How many benefit eligible employees will be in your group as of the effective date of coverage?</td>
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To the best of my knowledge, the above information is true and complete and shall be used during the group assessment process.

**Completed by:**______________________________  **Date:**______________________________

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