



# Oregon Group Profile Form

Each year we are required to certify the group’s eligibility. Please provide the information requested below and return to Health Net. Please answer the following questions so that we can determine the appropriate coverage.

**Additional information on completing the Employer Group Questionnaire can be found on the next page.**

Employer Group Information	
Company name (including DBA):	Company contact:
Physical address:	Billing address:

Employer Group Questionnaire
Are you part of a controlled group? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are part of a controlled group, who is the employer for purposes of filing taxes?
How many full-time employees were in the group during the prior calendar year?
How many full-time equivalent employees were in the group during the prior calendar year?
How many employees are there as of the effective date of coverage? <i>(For the purposes of determining eligibility, employers must have one common law employee at the time of enrollment.)</i>

## Employer Verification

To the best of my knowledge, I certify that all the information contained herein is correct. I understand that the final rates will be based on actual enrollment and may be different than the rates originally quoted and that additional information may be required to verify eligibility of the group.

Signature of Company Officer or Business Owner: \_\_\_\_\_

Name and Title (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Producer: \_\_\_\_\_

**Please return the completed form to your Health Net Account Management Team.**

## Additional information for completing the Employer Group Questionnaire

If an employer has more than 50 Full-Time Employee equivalents (FTE), Health Net may provide the employer a quote as a large group. Health Net must treat the employer as a small group if the employer has at least one but not more than 50 FTEs.

When counting employees to determine group size, temporary, leased, and contracted employees are excluded.

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. 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; or
- 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.

### Full-Time Employees

A full-time employee for any calendar month is an employee who has on average at least 30 hours of service per week during the calendar month, or at least 130 hours of service during the calendar month.

### Seasonal Work

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.

### FTEs – Full-time Equivalent Employees

A full-time equivalent employee is a combination of employees, each of whom individually is not a full-time employee, but who, in combination, are equivalent to a full-time employee. An employer determines its number of full-time-equivalent employees for a month in the two steps that follow:

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.

The following employees should not be included in the count of FTEs:

- Temporary employees
- Leased employees
- Contracted employees
- Retired or former employees on continuation of coverage
- A sole proprietor
- A partner in a partnership
- A 2-percent S corporation shareholder
- The spouse of a person who is a sole proprietor, a partner in a partnership or a 2-percent
- S corporation shareholder
- A worker described in 26 U.S.C. Section 3508

*An employer's number of full-time equivalent employees (or part-time employees) is only relevant to determining whether an employer is a large employer.*

### Benefit Eligible Employees

The total number of employees eligible for coverage as determined by the employer.