

Group Identification Form



On a yearly basis, we are legally required to determine group eligibility and attest to its accuracy. To do that, we need certain information from your organization. **Please complete the form on page two and return to your producer (broker) or directly to your local PacificSource Sales office.**

By mail: PO Box 7068 | Springfield, OR 97475-0068

By email: BendSales@PacificSource.com | PortlandSales@PacificSource.com | MedfordSales@PacificSource.com
SpringfieldSales@PacificSource.com | MontanaSales@PacificSource.com

By fax: 541-225-3645

Definitions

Small employer is an employer who employed an average of at least one but not more than 50 employees on business days during the preceding calendar year and who employs at least one full-time equivalent employee on the first day of the plan year. (See Full-time Equivalent definition below.)

Common Law Employee is anyone who performs services for you, and you can control what will be done and how it will be done. For small group eligibility determination, employers must have at least one benefit eligible employee and enroll a common law employee at the time of enrollment. (The employee cannot be an owner or the spouse of an owner.)

Business Owner: An owner is not considered an employee for the purposes of this form, even if the owner performs services for the business for compensation. An owner may participate in a small group plan as long as the group enrolls at least one common law employee.

Full-time Employee is an employee who works an average of 30 or more hours per week.

Full-time Equivalent (FTE) is two or more part-time employees whose hours worked equal one or more full-time employee(s).

Note: "Full-time Employee" and "Full-time Equivalent" do **not** include leased or contracted employees; retired or former employees on continuation of coverage; sole proprietors and their spouses; partners in a partnership and their spouses; 2% S corporation shareholders and their spouses; real estate agents and direct sellers.

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Group Identification Form



Section A

Company name _____ Group number, if applicable _____

Physical address (incl. city, state, zip) _____

Company headquarters (state) _____ Company type (LLC, sole proprietor, S-corp, etc.) _____

Contact name and email address _____

Producer (Broker) name _____ Phone _____

Section B

Affiliated Group: Is your company controlled by or affiliated with another company? Yes No

If yes, who is the employer for purposes of filing taxes? _____

Common Law Employee: Does the group have at least one common law employee enrolled? Yes No

Section C

Determining group size: Please complete the following calculation. Do not leave any blank spaces.

Note: Newly formed employer group counts should be based on the estimated average number of expected employees this calendar year. If your company is controlled by or affiliated with another company, you will need to include all those employees in the counts below.

a. Number of full-time employees _____

This is the estimated average number of full-time employees (30+ hours per week) who were employed during the previous calendar year. Do not include the owner, business partner, or spouse of the owner or business partner.

b. Number of part-time employees _____

To calculate, add the hours worked per month by all part-time employees (less than 30 hours per week) and divide by 120. Example: 10 part-time employees work a combined 100 hours each month for 12 months. $(10 \times 100)/120 = 8.3$ full-time equivalents (FTE).

c. Add the numbers from **a** and **b**. This is your **total FTE count:** _____

d. How many FTEs are expected on the effective date or renewal date of coverage? _____

To the best of my knowledge, I certify that all the information contained herein is correct.

Signature _____ Date _____

Name _____ Title _____