

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 this form and return to your producer (broker) or directly to your local PacificSource Sales office.

Oregon

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Section A

Company Name _____ Group Number, if applicable _____
 Physical Address _____
 Company Headquarters (state) _____ Company Type (LLC, sole proprietor, S-corp, etc.) _____
 Contact Name and Email Address _____
 Producer Name _____ Phone _____

Section B

“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.)

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” 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.)

Does the group have at least one common law employee enrolled? Yes No

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).

Excludes: seasonal, temporary, 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.

Section C

FTE Counting Instructions to Determine 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. **Full-time Employees:** The estimated average number of full-time employees (30+ hours/week) who were employed during the previous calendar year? **Note:** This does not include the owner, business partner or spouse of the owner or business partner. _____
- b. **Part-time Employees:** To determine full-time equivalents, total the hours worked per month by all part-time employees (less than 30 hours/week), and divide by 120. (Example: 10 part-time employees worked a total of 100 hours each month for 12 months. $(10 \times 100) / 120 = 8.3$ FTE) _____
- c. Add the numbers from a. and b. together. 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 _____