

# Oregon Group Profile Form

Health Net Health Plan of Oregon, Inc. (Health Net)

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.

<b>Employer Group Information</b>	
Company name (including DBA):	Company contact:
Physical address:	Billing address:
<b>Employer Group Questionnaire</b>	
Are you a part of a controlled group?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are a 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 are in the group during the prior calendar year?	
How many employees are there as of the effective date of coverage? <small>(For the purposes of determining eligibility employers must have one common law employee at the time of enrollment.)</small>	

### **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: \_\_\_\_\_

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

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

**Please fax or mail this completed form to Health Net SBG Underwriting:**

**Fax:** 1-800-977-8459

**Mail:** Health Net Health Plan of Oregon  
 Attn: SBG Underwriting  
 180 Grand Ave, 6<sup>th</sup> Floor  
 Oakland, CA 94612

## **Additional information when 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, seasonal, 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;
- 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.

### **FTEs**

The total number of employees, full-time and part-time, is working an average of 30 hours or more a week.

### **FTE Counting Instructions:**

- A. Count each employee working 30 hours or more as 1 FTE.
- B. Total the hours worked per week by all employees working less than 30 hours, and divide by 30.
- C. Add the numbers from a and b together. This is your FTE count.

You may also use the FTE calculator at [healthcare.gov](https://www.healthcare.gov/shop-calculators-fte/): <https://www.healthcare.gov/shop-calculators-fte/>.

**Benefit Eligible Employees:** The total number of employees' eligible for coverage as determined by the employer.