## Principal Business or Headquarters Address Questionnaire Small Business Group

Not sure if your group qualifies to use a secondary address as their principal business address for employee plans selections? Please answer the questions below and submit with your case submission.

Employer Group Name:	Desired Effective Date:
<b>Step 1 -</b> Is there a business address registered with the state in which you are applying for coverage?	
Yes – Go to Step 2	
No – Stop, no need for step 2. – Your principal business address is the address with the greatest	number of W-2 employees that are
eligible for coverage.	
Complete Address:	
<b>Step 2 -</b> Are there any W-2 employees that are eligible for coverage at the registered business address?	
Yes – This is the principal business address.	
Complete Address:	
No – The principal business address is the one with the greatest number of W-2 employees that	are eligible for coverage.
Complete Address:	
If your principal business address from the two steps above is not in the network service area, then answer the	s ontional question
<b>Optional:</b> In the event none of the employer's addresses are within the rating region for a plan or network be	
greatest number of W-2 employees that are eligible for coverage reside may be utilized instead.	ing officied, the region where the
Employer Group Name:	