



Regence

Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueCross BlueShield of Oregon
Underwriting, MS E8A
PO Box 1271
Portland, OR 97207-1271

OFFICE USE ONLY	
Rating Pool	_____
% of Participation	_____
Name	_____
Date	_____

Rep # Renewal Date Adv Notice

Business Name:
Attn:
Mailing Address:
City, State, ZIP Code:

Regence BlueCross BlueShield of Oregon Group Number

Regulation requires us to annually certify the size of our Employer Health Insurance Groups. Please complete and return this form in the postage-paid envelope enclosed no later than 14 days from the date of this letter.

Note: We are unable to renew your group's coverage without this information. If you have questions, please contact your sales team.

Please complete the following:

1. Average number of employees during preceding calendar year:

If the average number of employees is 51 or greater, the group may qualify as a large group¹. If the average number of employees is at least two but not more than 50 during the preceding calendar year and you have at least two but not more than 50 eligible employees as of the date coverage is to take effect, you are a small employer. Your employee count should not include contracted (1099) individuals.

2. Did more than 50 percent of the average number of employees work in Oregon during the preceding calendar year?

Yes No

3. Number of eligible employees (see the following definition) as of the date coverage is to take effect:

Definition: This is the number of employees who work a regular schedule of 17.5 hours or more per week on the date coverage is to take effect. Eligible employees do not include employees who work on a temporary, seasonal or substitute basis. Your employee count should not include contracted (1099) individuals.

Health plan quote(s) will be based on the size of your group, in compliance with ORS 743.730.

¹ If you are requesting coverage as a single group because you are an affiliated group of employers for the purpose of pension plans under subsection (b), (c), (m), or (o) of section 414 of the Internal Revenue Code of 1986, the carrier must treat the affiliated group as a single group and the affiliated group must fill out one group profile form. If you are an affiliated group of employers but are not requesting coverage as a single group, each employer group in the affiliated group must fill out a separate group profile form.

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DISCLOSURE FOR EMPLOYER

If an employer has an average of more than 50 employees during the preceding calendar year, the carrier may provide the employer a health insurance quote as a large group. However, the carrier must treat an employer as a small employer and must provide a quote on that basis if both of the following conditions apply:

- (1) The employer’s workforce consists of at least two but not more than 50 eligible employees as of the date coverage is to take effect; and
- (2) Coverage is limited to eligible employees.

Health insurance carriers are required to provide quotes and issue coverage to small employers pursuant to ORS 743.733 to ORS 743.737.

Note: Regence BlueCross BlueShield of Oregon is providing a small group quote based upon the state’s definition of a Small Employer.

Please answer the following questions:

4. What **percentage** of the premium do you (the employer) pay toward your employee and dependent insurance coverage?

Employee: 100% 75% 50% Other _____

Dependent: 100% 75% 50% 0% Other _____

5. How many hours per week do you require for health plan enrollment? _____

6. Where is your business headquarters? City _____ State _____

7. Of your enrolled employees, indicate the number of employees in the following categories:

Currently enrolled employees (on your monthly billing statement) _____

COBRA/Oregon continuation _____

Employees enrolled as a spouse of another employee _____


8. Of those employees **not enrolled** under your group coverage, please provide the number of employees included within each of the following categories. Eligibility hours are determined by the group in question 5. Please count each employee only once.

Has no coverage & meets eligibility hours	_____	Christian Scientist	_____
Individual coverage (Non-Group) & meets eligibility hours	_____	Indian Health Service	_____
Medicare/Medicaid/OMIP/OHP	_____	Probationary Period	_____
Has other group coverage	_____	Insufficient hours for coverage	_____
Tri-Care	_____		

9. In addition to Regence BlueCross BlueShield of Oregon, do you offer other group health benefits to your employees? If yes, please indicate the carrier’s name and type of coverage:

10. Federal Tax Number _____

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  _____ Title _____ Date _____

Print Name _____ Phone Number _____

E-Mail Address _____