



Regence

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

Regence BlueCross BlueShield of Oregon
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OREGON GROUP PROFILE

(for use with new groups only)

State and Federal regulations require us to certify the size of Employer Health Insurance Groups. Please complete this form. If you have questions, please contact your Regence sales team, insurance producer or agent.

Group name		Requested effective date	
Address	City	State	ZIP

Companies with a common owner or that are otherwise related under rules of section 414 of the Internal Revenue Code are generally combined and treated as a single employer for determining employer group size.

1. Is your company a member of a controlled group and/or affiliated with any other company? ☐ No ☐ Yes If Yes, who is the employer for purposes of filing taxes?

For determining workforce size, in accordance with ORS 743B.005, "small employer" means an employer who employed an average of at least one but not more than 50 full-time equivalent 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. ***If your company is a member of a controlled group and/or affiliated with another company, count the employees of all members of the controlled group and/or affiliated companies.*** If the employer was not in existence throughout the preceding calendar year, the employer size will be based on the average number of employees that an employer reasonably expects to employ on business days in the current calendar year. ***The following should not be included in the counts for questions #2 through #4:***

- Temporary employees
- Seasonal employees
- Leased employees
- Contracted employees
- Retired or former employees on continuation of coverage
- A sole proprietor
- A partner in a partnership
- A 2-percent S corporation shareholder
- The spouse of a person who is a sole proprietor, a partner in a partnership or a 2-percent S corporation shareholder
- A worker described in 26 U.S.C. Section 3508

To determine its workforce size an employer adds its average number of full-time employees (FT) in the preceding calendar year to the average number of full-time equivalent employees (FTE) in the preceding calendar year.

FT Counting Instructions: For each month of the preceding calendar year, total the number of employees working an average of 30 hours or more per week during the calendar month or 130 hours or more during the calendar month. Divide the yearly total by 12.

FTE Counting Instructions: For each month of the preceding calendar year combine the number of hours of service for all non-full-time employees for the month, but do not include more than 120 hours of service per employee. Divide the total by 120. Divide the yearly total by 12.

2. How many full-time employees (FT) were in the group during the preceding calendar year (monthly average)? _____

3. How many full-time equivalent employees (FTE) were in the group during the preceding calendar year (monthly average)? _____ (if there were no **non**-full-time employees enter zero)

Add the number of FT employees to the number of FTE employees and enter the total in #4 (Answer to #4 = #2 + #3).

4. Average number of full-time and full-time equivalent employees in the preceding calendar year: _____ Preceding year 20_____

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To determine eligibility for group coverage, the employer must employ one common law employee that is **enrolled** in the health benefit plan at the beginning of the plan year. For the following questions, a sole proprietor, a partner in a partnership, a 2-percent S corporation shareholder, or the spouse of a person who is a sole proprietor, a partner in a partnership, or a 2-percent S corporation shareholder is **not** considered a common law employee.

- 5a. Are all full-time employees offered enrollment? (If no, the employer does not qualify for a group health benefit plan.) ☐ No ☐ Yes
- 5b. How many employees will be enrolled in the health benefit plan at the beginning of plan year? _____
- 5c. Is the employer a sole proprietor, a partner in a partnership, a 2-percent S corporation shareholder, or the spouse of a person who is a sole proprietor, a partner in a partnership, or a 2-percent S corporation shareholder? ☐ No ☐ Yes **(If Yes, see below)**
- If Yes, does the employer employ at least one employee that will be **enrolled** in the health benefit plan at the beginning of the plan year who is **not** a sole proprietor, a partner in a partnership, a 2-percent S corporation shareholder, or the spouse of a person who is a sole proprietor, a partner in a partnership, or a 2-percent S corporation shareholder? ☐ No ☐ Yes

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	Date	Title
Print name	Phone	Email