

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest.
500 NE Multnomah St., Suite 100, Portland, OR 97232.

*This form is used to evaluate the size of our Washington small employer groups on an annual basis.
Please complete and return it promptly to your broker or Kaiser Permanente account manager.*

SECTION 1 — GROUP INFORMATION

Group name _____ Carrier group number _____
Company address _____ Renewal date _____
Billing address if different from above _____
Group contact name _____ Title _____
Email _____ Phone _____ Fax _____
Group billing contact (if different) _____ Title _____
Email _____ Phone _____ Fax _____

SECTION 2 — DETERMINING GROUP SIZE UNDER WASHINGTON LAW

- Generally speaking, a small employer in Washington is one that employed an average of at least one but no more than 50 employees during the previous calendar year and that employs at least one employee on the first day of the plan year. As noted in the paragraph below, the employer must employ at least one common law employee.
- In determining the number of employees, companies that are affiliated companies or that are eligible to file a combined tax return for purposes of taxation by the state of Washington shall be considered an employer.
- On November 9, 2015, the Washington State Office of the Insurance Commissioner (OIC) provided the following notification to carriers: "The OIC has determined that the ACA and implementing Federal regulations require that to qualify to purchase group coverage, the employer must have at least one common law employee. This requirement supersedes the language of RCW 48.43.005(33) that permits sole proprietors with no employees and self-employed individuals to purchase small group coverage. This provision is inconsistent with the ERISA definition of an 'employee welfare benefit plan' and with the ACA's division between the individual and small group markets. Under these definitions, an employee benefit plan must include at least one common law employee."

SECTION 3 — EMPLOYER INFORMATION

1. On average, how many employees did your company employ during the previous calendar year? _____
2. How many employees are there as of the renewal effective date? _____ (As indicated in Section 2, employers must have at least one common law employee at the time of enrollment.)

SECTION 4 — FEDERAL MANDATES

Consult your legal advisor if you have questions about which employees should be counted and/or what it means to be subject to COBRA or TEFRA.

Yes No **COBRA:** Did your company employ 20 or more employees for at least 50% of the workdays of the preceding calendar year (January to December), making it subject to COBRA?

Yes No **TEFRA:** Did your company employ 20 or more full-time and/or part-time employees for each working day for 20 or more calendar weeks in the current calendar year or preceding calendar year, making it subject to TEFRA?

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 that additional information may be required to verify eligibility of the group.

Signature _____

Title _____ Date _____