

SMALL BUSINESS | CALIFORNIA

# Qualification questionnaire



Thank you for meeting with me today. I'm eager to work with you to find a health care solution that helps your business and your employees thrive. To get started, I'd like to ask you a few questions.

## 1. Do you currently offer group health benefits to your employees?

- Yes  
 No

If the answer is yes, who is your current carrier? \_\_\_\_\_

What is your renewal date? \_\_\_\_\_

If your current carrier is Kaiser Permanente:

### 1a. Did you buy coverage through an exchange, such as CaliforniaChoice® or Covered California for Small Business?

- Yes  
 No

### 1b. Are you covered through a trust or professional employer organization (PEO)?

- Yes  
 No

If the answer is yes, what is the name of the trust or PEO? \_\_\_\_\_

\_\_\_\_\_

### 1c. Are you breaking away from a current/active large or small group?

- Yes  
 No

### 1d. Can you provide the group number?

\_\_\_\_\_

## 2. How many eligible or full-time-equivalent employees do you currently have enrolled in your group plan? (Note: Employees are eligible if they work 30 hours or more per week. Full-time equivalents are calculated based on the hours worked by part-time employees.)

- 1 to 100  
 101 or more

(continues)

3. Do you currently have workers' compensation coverage?

- Yes
- No
- Exempt

4. How many of your eligible employees are on payroll with tax withholdings? (Note: Workers who get 1099s aren't eligible.)

- 0
- 1 to 100
- 101 or more

5. How many hours a week will your eligible employees have to work to qualify for coverage?

- 20 hours or more
- 30 hours or more

6. What portion of the employee premium are you planning to contribute?

- 50% or more
- Less than 50%

**Note:** Kaiser Permanente requires a minimum of 50% of the employee premium of the lowest-priced medical plan being offered. The exception is during the guaranteed availability period of 11/15 to 12/15.

7. Do you know what your budget is for employee health care?

- Yes
- No

If the answer is yes, what is your budget? \_\_\_\_\_

8. Is your company authorized to conduct business in California?

- Yes
- No

9. Are all your employees located in California?

- Yes
- No

Finally, to help prepare your quote, I'd like to get some information about your employees. We can fill out a census form now, or I can leave it with you to complete and return by email.

Thank you for considering Kaiser Permanente.