

# ATTESTATION FORM

## Group Size Certification

### Group Size Attestation

Use this form to attest to your company's group size, consistent with California Health & Safety Code section 1357.500 et seq., 45 CFR 155.20, and all other applicable statutes and regulations. To facilitate application and renewal complete and return this form by the date requested.

### Mail completed form to:

Sutter Health Plus  
P.O. Box 160307  
Sacramento, CA 95816

### Email completed form to:

[shpaccounts@services@sutterhealth.org](mailto:shpaccounts@services@sutterhealth.org)

## Section A – Employer Information

Legal Company Name		DBA			
Federal Employer ID Number	SIC Code*	SHP Account ID		Renewal Date	
Street Address (P.O. Boxes Not Accepted)		City	County	State	ZIP
Mailing Address (P.O. Box Accepted)	same as above	City	County	State	ZIP

\*Look up your SIC Code on the Division of Corporation Finance: Standard Industry Classification (SIC) Code List at [sec.gov/info/edgar/siccodes.htm](http://sec.gov/info/edgar/siccodes.htm)

## Section B – Group Information

### My company qualifies under the following COBRA program:

Federal COBRA (20 or more employees for at least 50% of the previous calendar year)

Cal-COBRA (up to 19 employees for at least 50% of the previous calendar year)

Will Sutter Health Plus be the only carrier?      Yes      No

If "No," list total number of employees enrolled in other group health plan(s) \_\_\_\_\_

Name(s) of other carrier(s) and number of employees enrolled

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## Definitions

**Small Group Employer** – Defined by California as an employer that has no more than 100 full-time employees and FTEs, the majority of whom were working in California for 50 percent of the prior calendar quarter or 50 percent of the prior calendar year. Seasonal workers, temporary workers, leased employees, contractors, and those on COBRA are excluded.

**Large Group Employer** – Defined as any employer that is not defined as a small group employer according to the California Health and Safety Code (HSC) 1357.500.

**Full-time Employee** – Employee working a minimum of 30 hours per week on average.

**Full-time Equivalent (FTE) Employee** – A combination of employees, each of whom individually is not a full-time employee, but who, in combination, are equivalent to a full-time employee.

**Eligible Employees** – Employees eligible for health plan benefits who live, work or reside within the Sutter Health Plus licensed service area.

## Section C – Group Attestation (Check the appropriate box for Small Group or Large Group.)

### Small Group

My company meets the definition of a small employer defined as employing **1-100** full-time and full-time equivalent (FTE) employees.

In the previous calendar year, we employed:

..... full-time and FTE employees

..... eligible employees

### Large Group

My company employs **101+** full-time and full-time equivalent (FTE) employees, and does not meet the definition of small employer.

In the previous calendar year, we employed:

..... full-time and FTE employees

..... eligible employees

**If you don't know the group size definition your company meets, there are two methods you can use to determine your group size.** Sutter Health Plus cannot provide assistance or complete the full-time equivalent (FTE) calculations on behalf of the employer or broker. The following information is available on the Internal Revenue Service and the U.S. Department of Health and Human Resources websites for your reference: [irs.gov](https://www.irs.gov) and [healthcare.gov/shop-calculators-fte](https://www.healthcare.gov/shop-calculators-fte).

### 1. 50 percent of the prior calendar quarter test:

Add the total number of hours worked by all non-full-time employees over the course of six weeks during the calendar quarter, prior to the quarter for which coverage is being requested. Divide that number by 180. If the total is not a whole number, round down to the nearest whole number.

#### Formula

Total number of full-time employees + (total number of non-full-time employees' hours worked / 180)

### 2. 50 percent of the prior calendar year test:

Add up the total number of hours worked by all non-full-time employees over the course of a month and divide that number by 120. This equals your FTE calculation for one month. Repeat this calculation for the six months during the prior calendar year and divide that number by six. This is your FTE calculation for 50 percent of the prior calendar year. If the total is not a whole number, round down to the nearest whole number.

#### Formula

Total number of full-time employees + (total number of non-full-time employees' hours worked / 120)

Repeat for the prior six months (employee count for month one + month two + month three + month four + month five + month six) / 6

## Section D – Employer Agreement

By signing this form, I attest that the above responses are true and correct and the group size attestation complies with the applicable law.

Signature

Date

Authorized Group Signer Name and Title