Group Size Attestation Form

Sutter Health Plus

Group Size Attestation

Use this form to attest to your company's group size, consistent with California Health & Safety Code (HSC) sections 1357.500 et seq., 45 CFR 155.20, and all other applicable statutes and regulations. To facilitate your 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:
shpaccountservices@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*

Section B – Group Information *(Check the appropriate box for each category.)*

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)*

My company is a sole proprietorship or partnership[1]:

☐ Yes

Currently, my sole proprietorship or partnership:

☐ Employs at least one eligible employee[2]

☐ Does not employ any eligible employees[2] - skip to Section D

☐ No

My company is using Sutter Health Plus as 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

[1] Effective January 1, 2019, SB 1375 (ch. 700, 2018) and California HSC section 1357.500, prohibit sole proprietorships and partnerships without eligible employees from purchasing employer group health care service plans. Sole proprietors and their spouses and partners of a partnership and their spouses are no longer eligible employees as defined by HSC section 1357.500.

[2] See definition of eligible employee on Page 2.

Sutter Health Plus
Your Health Plan

Definitions

Eligible Employees – Employees eligible for health plan benefits who live, work or reside within the Sutter Health Plus licensed service area. Effective January 1, 2019, sole proprietors, spouses of sole proprietors, partners of partnership and the spouses of partners are not eligible employees pursuant to HSC sections 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.

Large Group Employer – Defined as any employer that is not defined as a small group employer according to the HSC 1357.500.

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, sole proprietors, partners of a partnership, spouses of sole proprietors and partners, and those on COBRA are excluded.

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 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 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 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* and *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 laws.

....

Signature **Date**

.....

Authorized Group Signer Name and Title