

# Group Size Attestation

If you have any questions, please contact your broker or Health Net account manager.

## 1. Employer group information

New Group     Existing Group

Policyholder/Company name: \_\_\_\_\_ DBA: \_\_\_\_\_

Group/Parent ID or policyholder number: \_\_\_\_\_ Phone number: \_\_\_\_\_

## 2. Group size attestation

Total number of full-time and/or part-time employees: \_\_\_\_\_ as of \_\_\_\_\_. Consider your total number of employees worldwide, no matter where they reside or if they qualify for health care coverage. An employee is any person who gets a W-2 from the company. This includes full time, part time and seasonal workers, whether or not they qualify for benefits.

Indicate how many full-time benefit-eligible employees you have: \_\_\_\_\_

Indicate how many full-time employees, including full-time equivalents (FTEs), you employed in the most recent calendar year:

**Note:** Sole proprietors and their spouses, and partners of a partnership and their spouses, cannot be counted as employees when determining if a group has at least one employee.

Indicate your methodology for calculating group size:

50% of the prior calendar **quarter** test     50% of the prior calendar **year** test

Indicate your market segment for the upcoming coverage period (based on most recent calendar year employee figures):

My company meets the definition of a **“small employer”** for the upcoming coverage period.

My company meets the definition of a **“large employer”** for the upcoming coverage period.

A **“large employer”** must employ at least 101 full-time employees, including full-time equivalents, on business days during the preceding calendar year.

Has your organization been part of multiple employer group health plans?  No     Yes

If “Yes,” please provide dates, names, TINs, and addresses: \_\_\_\_\_

## 3. Employer group signature

I, the employer, am responsible for notifying Health Net of any changes occurring during the course of a calendar year that could impact my employer size determination related to MSP, MLR or Health Care Reform. I understand that Health Net is relying on my answers to the above questions for accurate reporting to CMS under Section 111 guidelines. I certify the above information is true and complete to the best of my knowledge and belief and I understand that I must promptly notify Health Net of any changes to the above information. Health Net of California, Inc. (Health Net) reserves the right to request additional documentation in order to verify eligibility.

Name (print): \_\_\_\_\_ Title (print): \_\_\_\_\_

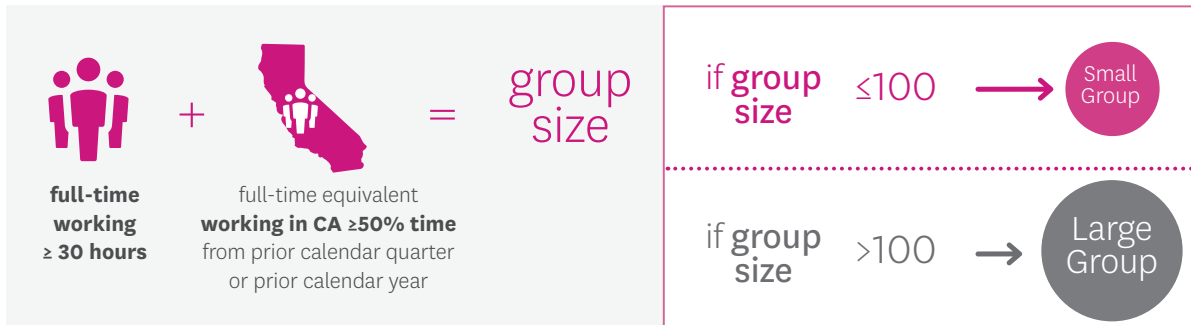
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please contact your Health Net account representatives to return your completed form.

## Group size guidelines

Pursuant to the Affordable Care Act (ACA), California has adopted the federal definition of who is an employee for purposes of determining your group's correct market segment (e.g., Large Group or Small Group). The information below will help you determine your group's size using the same calculation to determine employer liability under the "Shared Responsibility for Employer" provisions of the ACA and the Internal Revenue Code.

## Calculation of group size



The definition of a small employer requires the group size be determined by adding together the number of full-time employees (i.e., those working a minimum of 30 hours per week on average) and full-time equivalent (FTE) employees, the majority of whom were working in California for 50% of the prior calendar quarter or 50% of the prior calendar year. Seasonal workers, temporary workers, leased employees, contractors, and those on COBRA are not counted.

Health Net of California, Inc. (Health Net) will not perform this calculation on behalf of the employer but require the employer to fill out a form attesting to the fact that they have performed the calculation to determine group size using one of the methods described below.

**NOTE:** any group with 100 or fewer employees on their quarterly wage and withholding report (DE 9C) cannot be a Large Group, so this calculation does not need to be performed unless a group has 101 employees or more on its DE 9C.

### 50% of the prior calendar quarter test

To determine the number of full-time equivalents using the 50% of the prior calendar quarter test, add up the total number of hours worked by all non-full-time employees (i.e., those working less than 30 hours per week on average) over the course of 6 weeks during the calendar quarter prior to the quarter for which coverage is being requested, and divide that number by 180. If your calculation does not come out to a whole number, round down.

#### Formula:

Total # of full-time employees + (total # of non-full-time employees' hours worked divided by 180)

#### Example 1:

An employer has applied for coverage effective March 1 and has submitted the prior year Q4 DE 9C and 6 weeks of payroll from the same time period. There are 90 full-time employees, and the non-full-time employees worked 900 hours over the course of 6 weeks. Group size is calculated as follows:

$$90 + \left( \frac{900}{180} \right) = 95$$

90 full-time employees + 900 non-full-time employees hours ÷ 180 = 95

In this example, there are fewer than 101 employees, so the group is eligible for Small Group coverage.

#### Example 2:

An employer has applied for coverage effective February 1 and has submitted the prior year Q4 DE 9C and 6 weeks of payroll from the same time period. There are 95 full-time employees, and the non-full-time employees worked a total of 1,200 hours over the course of 6 weeks. Group size is calculated as follows:

$$95 + \left( \frac{1,200}{180} \right) = 101$$

95 full-time employees + 1,200 non-full-time employees hours ÷ 180 = 101 (rounded down)

In this example, there are 101 employees, so the group is not eligible for Small Group coverage.

## 50% of the prior calendar year test

To determine the number of full-time equivalents using the 50% of the prior calendar year test, add up the number of hours worked by all non-full-time employees (i.e., those working less than 30 hours per week on average) over the course of a month and divide that number by 120. That is your FTE calculation for one month. Perform that calculation for 6 months during the prior calendar year and divide that number by 6. **If your calculation does not come out to a whole number, round down.** That is your FTE calculation for 50% of the prior calendar year.

Formulas:

Total # of full-time employees + (total # of non-full-time employees' hours worked divided by 120)  
 (Employee count for month 1 + month 2 + month 3 + month 4 + month 5 + month 6) divided by 6

### Example 1:

An employer has applied for coverage effective January 1 and has submitted the prior year Q2 and Q3 DE 9Cs and 26 weeks of payroll from the same time period. It is determined there were 87 full-time employees in April, 94 in May and June, 92 in July, and 93 in August and September. It was also determined that the non-full-time employees worked 1,000 hours in April, 900 hours in May, 950 hours in June, 1,100 hours in July, 1,050 hours in August, and 1,200 hours in September. Group size is calculated as follows:

#### April

$$\begin{array}{c} 87 \\ \text{full-time} \\ \text{employees} \end{array} + \begin{array}{c} 1,000 \\ \text{non-full-time} \\ \text{employees hours} \end{array} \div 120 = \begin{array}{c} 95 \\ 95.33 = 95 \\ \text{(rounded down)} \end{array}$$

#### July

$$\begin{array}{c} 92 \\ \text{full-time} \\ \text{employees} \end{array} + \begin{array}{c} 1,100 \\ \text{non-full-time} \\ \text{employees hours} \end{array} \div 120 = \begin{array}{c} 101 \\ 101.17 = 101 \\ \text{(rounded down)} \end{array}$$

#### May

$$\begin{array}{c} 94 \\ \text{full-time} \\ \text{employees} \end{array} + \begin{array}{c} 900 \\ \text{non-full-time} \\ \text{employees hours} \end{array} \div 120 = \begin{array}{c} 101 \\ 101.5 = 101 \\ \text{(rounded down)} \end{array}$$

#### August

$$\begin{array}{c} 93 \\ \text{full-time} \\ \text{employees} \end{array} + \begin{array}{c} 1,050 \\ \text{non-full-time} \\ \text{employees hours} \end{array} \div 120 = \begin{array}{c} 101 \\ 101.75 = 101 \\ \text{(rounded down)} \end{array}$$

#### June

$$\begin{array}{c} 94 \\ \text{full-time} \\ \text{employees} \end{array} + \begin{array}{c} 900 \\ \text{non-full-time} \\ \text{employees hours} \end{array} \div 120 = \begin{array}{c} 101 \\ 101.9 = 101 \\ \text{(rounded down)} \end{array}$$

#### September

$$\begin{array}{c} 93 \\ \text{full-time} \\ \text{employees} \end{array} + \begin{array}{c} 1,200 \\ \text{non-full-time} \\ \text{employees hours} \end{array} \div 120 = \begin{array}{c} 103 \\ 101.75 = 101 \\ \text{(rounded down)} \end{array}$$

$$\begin{array}{c} \text{April} \\ 95 \end{array} + \begin{array}{c} \text{May} \\ 101 \end{array} + \begin{array}{c} \text{June} \\ 101 \end{array} + \begin{array}{c} \text{July} \\ 101 \end{array} + \begin{array}{c} \text{Aug.} \\ 101 \end{array} + \begin{array}{c} \text{Sept.} \\ 103 \end{array} \div \begin{array}{c} \text{6} \\ \text{(months)} \end{array} = \begin{array}{c} 100 \\ 100.78 = 100 \\ \text{(rounded down)} \end{array}$$

$$\begin{array}{c} 100 \\ \text{Small} \\ \text{Group} \end{array}$$

In this example, there are fewer than 101 employees, so the group is eligible for Small Group coverage.

## Nondiscrimination Notice

In addition to the State of California nondiscrimination requirements (as described in benefit coverage documents), Health Net of California, Inc. (Health Net) complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, or sex.

### HEALTH NET:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at:

**Individual & Family Plan (IFP) Members On Exchange/Covered California** 1-888-926-4988 (TTY: 711)

**Individual & Family Plan (IFP) Members Off Exchange** 1-800-839-2172 (TTY: 711)

**Individual & Family Plan (IFP) Applicants** 1-877-609-8711 (TTY: 711)

**Group Plans through Health Net** 1-800-522-0088 (TTY: 711)

If you believe that Health Net has failed to provide these services or discriminated in another way based on one of the characteristics listed above, you can file a grievance by calling Health Net's Customer Contact Center at the number above and telling them you need help filing a grievance. Health Net's Customer Contact Center is available to help you file a grievance. You can also file a grievance by mail, fax or email at:

Health Net of California, Inc. Appeals & Grievances

PO Box 10348

Van Nuys, CA 91410-0348

Fax: 1-877-831-6019

Email: [Member.Discrimination.Complaints@healthnet.com](mailto:Member.Discrimination.Complaints@healthnet.com) (Members) or

[Non-Member.Discrimination.Complaints@healthnet.com](mailto:Non-Member.Discrimination.Complaints@healthnet.com) (Applicants)

If your health problem is urgent, if you already filed a complaint with Health Net of California, Inc. and are not satisfied with the decision or it has been more than 30 days since you filed a complaint with Health Net of California, Inc., you may submit an Independent Medical Review/Complaint Form with the Department of Managed Health Care (DMHC). You may submit a complaint form by calling the DMHC Help Desk at 1-888-466-2219 (TDD: 1-877-688-9891) or online at [www.dmhc.ca.gov/FileaComplaint](http://www.dmhc.ca.gov/FileaComplaint).

If you believe you have been discriminated against because of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), electronically through the OCR Complaint Portal, at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## English

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, if you have an ID card, please call the Customer Contact Center number. Employer group applicants please call Health Net's Commercial Contact Center at 1-800-522-0088 (TTY: 711). Individual & Family Plan (IFP) applicants please call 1-877-609-8711 (TTY: 711).

## Arabic

خدمات لغوية مجانية. يمكننا أن نوفر لك مترجم فوري. ويمكننا أن نقرأ لك الوثائق بلغتك. للحصول على المساعدة، يرجى الاتصال برقم مركز خدمة العملاء المبين على بطاقتك. فيما يتعلق بمقدمي طلبات مجموعة صاحب العمل، يرجى التواصل مع مركز الاتصال التجاري في Health Net عبر الرقم: 1-800-522-0088 (TTY: 711). فيما يتعلق بمقدمي طلبات خطة الأفراد والعائلة، يرجى الاتصال بالرقم 1-877-609-8711 (TTY: 711).

## Armenian

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են կարդալ ձեր լեզվով: Եթե ID քարտ ունեք, օգնության համար խնդրում ենք զանգահարել Հաճախորդների սպասարկման կենտրոնի հեռախոսահամարով: Գործատուի խմբի դիմորդներին խնդրում ենք զանգահարել Health Net-ի Կոմերցիոն սպասարկման կենտրոն 1-800-522-0088 հեռախոսահամարով (TTY՝ 711): Individual & Family Plan (IFP) դիմորդներին խնդրում ենք զանգահարել 1-877-609-8711 հեռախոսահամարով (TTY՝ 711):

## Chinese

免費語言服務。您可使用口譯員服務。您可請人將文件唸給您聽並請我們將某些文件翻譯成您的語言寄給您。如需協助且如果您有會員卡，請撥打客戶聯絡中心電話號碼。雇主團保計畫的申請人請撥打 1-800-522-0088（聽障專線：711）與 Health Net 私人保險聯絡中心聯絡。Individual & Family Plan (IFP) 的申請人請撥打 1-877-609-8711（聽障專線：711）。

## Hindi

बिना शुल्क भाषा सेवारं। आप एक दुभाषिया प्राप्त कर सकते हैं। आप दस्तावेजों को अपनी भाषा में पढ़वा सकते हैं। मदद के लिए, यदि आपके पास आईडी कार्ड है तो कृपया ग्राहक संपर्क केंद्र के नंबर पर कॉल करें। नियोक्ता सामूहिक आवेदक कृपया हेल्थ नेट के कमर्शियल संपर्क केंद्र को 1-800-522-0088 (TTY: 711) पर कॉल करें। व्यक्तिगत और फैमिली प्लान (आईएफपी) आवेदक कृपया 1-877-609-8711 (TTY: 711) पर कॉल करें।

## Hmong

Tsis Muaj Tus Nqi Pab Txhais Lus. Koj tuaj yeem tau txais ib tus kws pab txhais lus. Koj tuaj yeem muaj ib tus neeg nyeem cov ntaub ntauv rau koj ua koj hom lus hais. Txhawm rau pab cuam, yog tias koj muaj daim npav ID, thov hu rau Neeg Qhua Lub Chaw Tiv Toj tus npawb. Tus tswv ntiav neeg ua haujlwm pab pawg sau ntauv thov ua haujlwm thov hu rau Health Net Qhov Chaw Tiv Toj Kev Lag Luam ntawm 1-800-522-0088 (TTY: 711). Tus Neeg thiab Tsev Neeg Qhov Kev Npaj (IFP) cov neeg thov ua haujlwm thov hu rau 1-877-609-8711 (TTY: 711).

## Japanese

無料の言語サービスを提供しております。通訳者もご利用いただけます。日本語で文書をお読みすることも可能です。ヘルプについては、IDカードをお持ちの場合は顧客連絡センターまでお電話ください。雇用主を通じた団体保険の申込者の方は、Health Netの顧客連絡センター（1-800-522-0088、TTY: 711）までお電話ください。個人・家族向けプラン（IFP）の申込者の方は、1-877-609-8711（TTY: 711）までお電話ください。

**Khmer**

សេវាកាសាដោយឥតគិតថ្លៃ។ លោកអ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់។ លោកអ្នកអាចស្តាប់គេអានឯកសារឱ្យ  
លោកអ្នកជាភាសារបស់លោកអ្នក។ សម្រាប់ជំនួយ ប្រសិនបើលោកអ្នកមានប័ណ្ណសម្គាល់ខ្លួន សូមហៅទូរស័ព្ទទៅកាន់  
លេខរបស់មជ្ឈមណ្ឌលទំនាក់ទំនងអតិថិជន។ អ្នកដាក់ពាក្យសុំគម្រោងជាក្រុមដែលជាបុគ្គលិក សូមហៅទូរស័ព្ទទៅ  
កាន់មជ្ឈមណ្ឌលទំនាក់ទំនងរបស់ Health Net តាមរយៈលេខ 1-800-522-0088 (TTY: 711)។ អ្នកដាក់ពាក្យសុំ  
គម្រោងជាលក្ខណៈបុគ្គល និងក្រុមគ្រួសារ (IFP) សូមហៅទូរស័ព្ទទៅកាន់លេខ 1-877-609-8711 (TTY: 711)។

**Korean**

무료 언어 서비스입니다. 통역 서비스를 받으실 수 있습니다. 문서 낭독 서비스를 받으실 수 있으며  
일부 서비스는 귀하가 구사하는 언어로 제공됩니다. 도움이 필요하시면 ID 카드에 수록된 번호로  
고객서비스 센터에 연락하십시오. 고용주 그룹 신청인의 경우 Health Net의 상업 고객서비스 센터에  
1-800-522-0088(TTY: 711)번으로 전화해 주십시오. 개인 및 가족 플랜(IFP) 신청인의 경우  
1-877-609-8711(TTY: 711)번으로 전화해 주십시오.

**Navajo**

Doo bą́ą́h ílínígóó saad bee háká ada'iiyeed. Ata' halne'ígíí da ła' ná hádíóót'íjį́. Naaltsoos da t'áá  
shí shizaad k'éhjí shichí' yídooltaah nínízingo t'áá ná ákódoolníí. Ákót'éego shíká a'doowoł nínízingo  
Customer Contact Center hoolyéhíjį́ hodíílnih ninaaltsoos nanítingo bee néého'dolzinígíí hodoonihjį́  
bikáá'. Naaltsoos nehiltsóosgo naanish bá dahikahígíí éí kojį́' hodíílnih Health Net's Commercial  
Contact Center 1-800-522-0088 (TTY: 711). T'áá hó dóó ha'á'chíní (IFP) báhígíí éí kojį́' hojilnih  
1-877-609-8711 (TTY: 711).

**Persian (Farsi)**

خدمات زبان بدون هزینه. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید اسناد به زبان شما برایتان خوانده شوند. برای  
دریافت کمک، اگر کارت شناسایی دارید، لطفاً با شماره مرکز تماس مشتریان تماس بگیرید. متقاضیان گروه کارفرما لطفاً با مرکز تماس  
تجاری Health Net به شماره 1-800-522-0088 (TTY:711) تماس بگیرید. متقاضیان طرح فردی و خانوادگی (IFP) \* لطفاً با  
شماره 1-877-609-8711 (TTY:711) تماس بگیرید.

**Panjabi (Punjabi)**

ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦੀ ਸੇਵਾ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ  
ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਜੇ ਤੁਹਾਡੇ ਕੋਲ ਇੱਕ ਆਈਡੀ ਕਾਰਡ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਗਾਹਕ ਸੰਪਰਕ  
ਕੇਂਦਰ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। ਮਾਲਕ ਦਾ ਗਰੁੱਪ ਬਿਨੈਕਾਰ, ਕਿਰਪਾ ਕਰਕੇ ਹੈਲਥ ਨੈੱਟ ਦੇ ਵਪਾਰਕ ਸੰਪਰਕ ਕੇਂਦਰ ਨੂੰ  
1-800-522-0088 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਵਿਅਕਤੀਗਤ ਅਤੇ ਪਰਿਵਾਰਕ ਯੋਜਨਾ (IFP) ਬਿਨੈਕਾਰਾਂ ਨੂੰ ਕਿਰਪਾ ਕਰਕੇ  
1-877-609-8711 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**Russian**

Бесплатная помощь переводчиков. Вы можете получить помощь переводчика. Вам могут прочитать  
документы на Вашем родном языке. Если Вам нужна помощь и у Вас при себе есть карточка  
участника плана, звоните по телефону Центра помощи клиентам. Участники коллективных планов,  
предоставляемых работодателем: звоните в коммерческий центр помощи Health Net по телефону  
1-800-522-0088 (TTY: 711). Участники планов для частных лиц и семей (IFP): звоните по телефону  
1-877-609-8711 (TTY: 711).

**Spanish**

Servicios de idiomas sin costo. Puede solicitar un intérprete, obtener el servicio de lectura de documentos y recibir algunos en su idioma. Para obtener ayuda, si tiene una tarjeta de identificación, llame al número del Centro de Comunicación con el Cliente. Los solicitantes del grupo del empleador deben llamar al Centro de Comunicación Comercial de Health Net, al 1-800-522-0088 (TTY: 711). Los solicitantes de planes individuales y familiares deben llamar al 1-877-609-8711 (TTY: 711).

**Tagalog**

Walang Bayad na Mga Serbisyo sa Wika. Makakakuha kayo ng interpreter. Makakakuha kayo ng mga dokumento na babasahin sa inyo sa inyong wika. Para sa tulong, kung mayroon kayong ID card, mangyaring tumawag sa numero ng Customer Contact Center. Para sa mga grupo ng mga aplikante ng tagapag-empleyo, mangyaring tumawag sa Commercial Contact Center ng Health Net sa 1-800-522-0088 (TTY: 711). Para sa mga aplikante ng Planong Pang-individuwal at Pampamilya (Individual & Family Plan, IFP), mangyaring tumawag sa 1-877-609-8711 (TTY: 711).

**Thai**

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้ล่ามได้ คุณสามารถให้อ่านเอกสารให้ฟังเป็นภาษาของคุณได้ หากต้องการความช่วยเหลือ และคุณมีบัตรประจำตัว โปรดโทรหมายเลขศูนย์ลูกค้าสัมพันธ์ ผู้สมัครกลุ่มนายจ้าง โปรดโทรหาศูนย์ลูกค้าสัมพันธ์เชิงพาณิชย์ของ Health Net ที่หมายเลข 1-800-522-0088 (โหมด TTY: 711) ผู้สมัครแผนบุคคลและครอบครัว (Individual & Family Plan: IFP) โปรดโทร 1-877-609-8711 (โหมด TTY: 711)

**Vietnamese**

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có một phiên dịch viên. Quý vị có thể yêu cầu được đọc cho nghe tài liệu bằng ngôn ngữ của quý vị. Để được giúp đỡ, nếu quý vị có thẻ ID, vui lòng gọi đến số điện thoại của Trung Tâm Liên Lạc Khách Hàng. Những người nộp đơn xin bảo hiểm nhóm qua hãng sở vui lòng gọi Trung Tâm Liên Lạc Thương Mại của Health Net theo số 1-800-522-0088 (TTY: 711). Người nộp đơn thuộc Chương Trình Cá Nhân & Gia Đình (IFP), vui lòng gọi số 1-877-609-8711 (TTY: 711).

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