

# STANDARDIZED PROFILE FORM

## FOR SMALL GROUPS IN OREGON



For group health benefit plans purchased outside of Cover Oregon, page 2 of this form must be completed for all new and renewing groups to determine whether a group qualifies as a small employer.

If a group requests coverage as a single group because it is an affiliated group of employers for the purpose of pension plans under subsection (b), (c), (m), or (o) of section 414 of the Internal Revenue Code of 1986, a carrier must treat the affiliated group as a single group, and the affiliated group must complete one group profile form. If the group is an affiliated group of employers but does not request coverage as a single group, a separate group profile form must be completed for each employer group in the affiliated group.

If, during the preceding calendar year, the employer employed an average of at least one but not more than 50 employees and more than 50% of these employees worked in Oregon and the employer employs at least one but not more than 50 eligible employees on the date coverage takes effect, the group is a small group.

An eligible employee is an employee who works on a regularly scheduled basis with a normal work week of at least 17.5 hours per week on the date coverage is to take effect. The following persons are not eligible employees:

- Temporary employees;
- Seasonal or substitute employees; and
- Employees employed for fewer than 90 days unless otherwise allowed by the employer.

For purposes of determining whether a group is a small group, an owner is generally not considered an employee even if the owner performs services for the business for compensation; however, an owner may participate in a small group plan<sup>1</sup> as long as the group employs at least one eligible employee. An owner includes:

- A sole proprietor and the sole proprietor's spouse;
- A member of a single-member limited liability company and the member's spouse;
- The owner of a wholly owned corporation and the owner's spouse.

If an employer has more than 50 employees, the carrier may provide the employer a quote as a large group. However, the carrier must treat the employer as a small employer and must provide a small group quote to the employer if both of the following conditions apply:

- The employer's workforce consists of at least one but not more than 50 eligible employees as of the date coverage is to take effect; **and**
- Coverage is limited to **eligible** employees

COMPANY PROFILE		
Company name:		Group number (if applicable):
Address:		
Company headquarters (state):	Company type (LLC, sole proprietor, S-corp., etc.):	
Contact name and title:		
Contact email address:	Contact phone number:	
Broker name:	Broker phone number:	
Email address:	Street address:	
City:	State: Oregon	Zip:

**QUALIFICATION QUESTIONS**

1. Were a majority of employees employed in the **preceding** calendar year employed in Oregon, or if the employer was not in existence during the preceding calendar year, does the employer expect that a majority of its employees will be employed in Oregon during the **current** calendar year?
  - If yes, go to question 2.
  - If no, the employer is not an Oregon small group. Check this box  and STOP HERE.
2. On average, how many employees did the employer employ during the **preceding** calendar year? \_\_\_\_\_
  - If 1 to 50, go to question 5.
  - If more than 50, go to question 3.
3. On average, how many employees does the employer reasonably expect to employ on business days in the **current** calendar year? \_\_\_\_\_
  - If 1 to 50, go to question 5.
  - If more than 50, go to question 4.
4. Is coverage provided to persons other than **eligible** employees (employees who work a regular weekly schedule of 17.5 hours or more) or their dependents? \_\_\_\_\_
  - If 1 to 50, go to question 5.
  - If yes, the group is a large group and not a small group. Check this box  and STOP HERE.
5. How many **eligible** employees will be employed on the date that coverage is to take effect? \_\_\_\_\_
  - If fewer than 1, no Oregon small group exists. Check this box  and STOP HERE.
  - If 1 to 50, the group is a small group. Check this box  and STOP HERE.
  - If more than 50, the group is a large group and not a small group. Check this box  and STOP HERE.

**STATEMENT**

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 may differ from the rates originally quoted and that additional information may be required to verify eligibility of the group.

Name:

Signature:

Title:

Date: