

Oregon Group Profile



Group Profile	
Company:	SHP group number (<i>if applicable</i>):
Address:	
Company headquarters (state):	
Contact name:	Phone:
Contact title:	Email:
Producer name:	Producer phone:
Questions	
1. Are you part of a controlled group?	
2. If you are part of a controlled group, who is the employer for purposes of filing taxes?	
3. How many Full Time (FT) and Full Time Equivalent (FTE) employees were in your group the prior calendar year? (If you are part of controlled group, this is the total of FTs and FTEs of the controlled group).	
4. What is the sum total of your answers to questions 3 and 4 above? <i>If the answer is 51 or more, you are eligible for coverage in the large group market instead of the small group market.</i>	
5. How many enrolling common law employees, excluding owners and spouses of owners, will be in your group as of the effective date of coverage? <i>For the purpose of determining eligibility, employers must have at least one benefit eligible and enrolling common law employee at the time of enrollment (i.e. not an owner or spouse of owner).</i>	
6. How many benefit eligible employees will be in your group as of the effective date of coverage?	
Statement	
Print name:	Signature:
Title:	Date:

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

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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.

If an employer has more than 50 Full Time (FT) and Full Time Equivalents (FTE) employees, Samaritan Health Plans (SHP) may provide the employer a quote as a large group. SHP must treat the employer as a small group if the employer has at least one but not more than 50 FT and FTE employees.

FT Counting Instructions

For each month of the prior calendar year, total the number of employees working an average of 30 hours or more per week during the calendar month or 130 hours or more during the calendar month. Divide that number by 12.

FTE Counting Instructions

For each calendar month of the prior calendar year:

1. Combine the number of hours of service of all non-full-time employees for the month but do not include more than 120 hours of service per employee; and
2. Divide the total by 120.

Eligible employees

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:

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

Controlled Group

Controlled and Affiliated Groups means groups that are commonly controlled and/or affiliated as described in subsection (b), (c), (m), or (o) of section 414 of the Internal Revenue Code of 1986. If a group is a controlled or affiliated group of employers, a carrier must treat the group as a single group, and the controlled group must complete one group profile form.

Controlled Groups include parent-subsidiary, brother-sister, and the combination of both of the preceding.

Seasonal Workers

An employer is not considered to have more than 50 full-time employees (including full-time equivalent employees) if both of the following apply:

1. The employer's workforce exceeds 50 full-time employees (including full-time equivalent employees) for 120 days or fewer during the calendar year; and
2. The employees in excess of 50 employed during such 120-day period are seasonal workers.

Owners

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 as long as the group employs at least one common law employee that is enrolled in the plan, and that offers the group health plan to all full time employees.

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.