

July 1, 2021



Group Name:

Group Number:

Renewal Effective Date: December 1, 2021

Group Size Determination

[For information on how to complete this form, see reverse side]

Number of full-time employees	25
Number of full-time equivalent employees	.25
Total number of full-time and full-time equivalent employees	25.25

Additional Group Information

Company Legal Status (i.e., LLC, Corporation, Partnership, S Corp, Sole Prop, C Corp, etc.)	LLC
Please list names of all business owners/partners (if legal status is Corporation and the only enrollees in the health plan are owners, please provide a copy of your most recent Quarterly Wage Detail Report):	
Joseph Fata, Thomas Fata	
Required number of hours worked weekly to be offered company sponsored healthcare	35-40
Total number of employees who are offered company sponsored healthcare	10
Number of employees offered company sponsored healthcare waiving due to having other coverage	0
Number of employees offered company sponsored healthcare waiving coverage for any other reason	0
Does your company offer coverage with any other carrier? (Yes/No)	No
If "Yes", please provide the number of employees covered under other healthcare plan(s)	
The carrier(s) name	
Does your company offer retiree coverage? (Yes/No)	No
If "Yes", please provide the number offered company sponsored retiree coverage	
Please provide the number covered under company sponsored retiree coverage	
The carrier(s) name	

Authorized Group Representative Signature

A handwritten signature in black ink that reads "Michael Bishop".

Printed Name

Michael Bishop

Title

Operations Manager

Date

8/4/2021

If you have questions regarding this form, please call your Account Manager, Jeanette Pung, at 517-364-8264.

Cc: Agent