

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

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