



Dear PHP Group Administrator:

The Affordable Care Act (ACA) changed the criteria insurance carriers must use to determine employer group size for the purposes of rating.

Currently, Michigan law requires that an employer's group size is determined by the number of eligible employees. Effective January 2018, Michigan employers must determine their group size based upon the requirements of the ACA.

The information requested on the enclosed form reflects this new criteria. This information is required for us to provide a renewal proposal for your group health plan.

If you have any questions about this form, please contact your PHP Sales Account Manager at 517.364.8484 or your insurance agent.

Please fax the completed form to 517.364.8407, email to sales@phpmm.org or return it in the enclosed postage paid envelope. It's important you return this information by June 22, 2018 to prevent any delays in your renewal proposal.

June 13, 2018

Group Name: Mandatory Poster Agency

Group Number: L0001596

Renewal Coverage Effective Date: December 1, 2018

Group Size Determination

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

Number of full-time employees	
Number of full-time equivalent employees	
Total number of full-time and full-time equivalent employees	

Additional Group Information

Required number of hours worked weekly to be offered company sponsored healthcare	
Total number of employees who are offered company sponsored healthcare	
Number of employees offered company sponsored healthcare waiving due to having other coverage	
Number of employees offered company sponsored healthcare waiving coverage for any other reason	
Does your company offer coverage with any other carrier? (Yes/No)	
<div>If "Yes", please provide the number of employees covered under other healthcare plan(s)</div> <div>The carrier(s) name</div>	
Does your company offer retiree coverage? (Yes/No)	
<div>If "Yes", please provide the number offered company sponsored retiree coverage</div> <div>Please provide the number covered under company sponsored retiree coverage</div> <div>The carrier(s) name</div>	

Authorized Group
Representative Signature

Printed Name

Title

Date

If you have questions regarding this form, please call your Account Manager, Jeanette Pung, at 517.364.8264.

Cc: Theodore Hollenbeck, Producer



IMPORTANT: *Physicians Health Plan will not bind coverage without this form being completed and returned.*

Effective January 1, 2018, group size will be determined by your total number of full-time and full-time equivalent employees. To determine your group size:

- Count the average number of full-time employees (defined as employees who are employed on average at least 30 hours of service per week) during the preceding calendar year, and then add to that total the number of full-time equivalents.
- The number of full-time equivalent employees for each calendar month in the preceding calendar year is determined by calculating the aggregate number of hours of service for that calendar month for employees who were not full-time employees (but no more than 120 hours of service for any employee) and dividing that number by 120.
- **Knowing how many full-time and full-time equivalents you have is important. You should seek legal advice if you need assistance with this calculation.**

It's important you return this form by **June 22, 2018** to prevent any delays in your renewal proposal.

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