

July 1, 2023



**Group Name:** LLPS, Inc.

**Group Number:** L0001596

**Renewal Effective Date:** December 1, 2023

### Group Size Determination

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

Number of full-time employees	30
Number of full-time equivalent employees	0
<b>Total</b> number of full-time <b>and</b> full-time equivalent employees	30

### Additional Group Information

Company Legal Status (i.e., LLC, Corporation, Partnership, S Corp, Sole Prop, C Corp, etc.)	S Corp
<b>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):</b>	
Required number of hours worked weekly to be offered company sponsored healthcare	40
Total number of employees who are offered company sponsored healthcare	14
Number of employees offered company sponsored healthcare waiving due to having other coverage	2
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

8/31/23

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

Cc: Agent