

July 1, 2022



Group Name:

Group Number:

Renewal Effective Date: December 1, 2022

Group Size Determination

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

Number of full-time employees	26
Number of full-time equivalent employees	0
Total number of full-time and full-time equivalent employees	26

Additional Group Information

Company Legal Status (i.e., LLC, Corporation, Partnership, S Corp, Sole Prop, C Corp, etc.)	S Corp
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):	
Required number of hours worked weekly to be offered company sponsored healthcare	40
Total number of employees who are offered company sponsored healthcare	12
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 of Michael Bishop.

Printed Name

Michael Bishop

Title

Operations Manager

Date

7/7/22

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

Cc: Agent