

Employer group size certification

The Affordable Care Act (ACA) requires health insurance carriers to follow regulations based on employer group size. Using the employer group size certification, health insurers must apply specific rating methods to determine premium and approved benefit plans. Additionally, each health insurance carrier must report on medical loss ratios and potentially issue premium rebates based on the group size certification.

In order for Geisinger Health Plan to follow ACA regulations on group size certification, you're required to report your 2024 average number of employees to us.

A small employer is defined as an employer who employed an average of at least 1 but not more than 50 employees on business days during the preceding calendar year. An employee is any individual employed by an employer (based on the common-law employee definition), including individuals who receive a W-2 form. This includes full-time, part-time, and seasonal employees who may or may not have been eligible for or covered by your medical plan in 2024. Independent contractors receiving a Form 1099 are not to be included in the employee count. Similarly, sole proprietors and their spouses should not be included in the employee count.

If an employer is part of a "controlled group" of affiliated companies (determined under IRS rules based upon ownership percentages), then the entire group is treated as a single employer and the employee counts for each company in the group are combined to determine group size. This means that where an employer's controlled group is composed of companies with different tax IDs, the employee counts from all of those companies will be totaled to determine whether they are a small or large employer.

Group size certification calculator

*Be sure to delete the 0 before entering your numbers.

Month	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total	Average (Total/12)
Full-time														
Part-time														
Seasonal														
Total														

Calculated 2024 average number of employees.

By signing below, I certify that:

I am an authorized group representative of the plan(s) for which this information is being provided.

The information I have provided is true and correct. I understand that providing false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company may violate applicable insurance statutes and may result in cancellation or rescission of coverage. I further understand that Geisinger Health Plan reserves the right to audit all information provided at any time.

First name (print):

Last name (print):

Title:

Company name:

Group number:

Email address (optional):

Signature:

Today's date:

Return this completed form via email to inquiries@thehealthplan.com or fax to 570-808-7899.