



Geisinger Health Plan 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 2016 ACA regulations on group size certification, you're required to report your 2015 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 2015.** 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.

To calculate the average number of employees, determine the total number of employees for each month, add each month's number to get an annual total, and then divide by 12. In the example below, $252 / 12 = 21$.

Month	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total	Average (Total/12)
Full-time	14	15	14	15	14	14	15	15	14	14	14	14	252	21
Part-time	5	6	4	4	6	7	7	7	5	5	4	5		
Seasonal	0	0	0	0	0	4	4	4	2	1	0	0		
Total	19	21	18	19	20	25	26	26	21	20	18	19		

Please enter your calculated 2015 average number of employees in the box to the right.
(Whole numbers only, no decimals)

By signing below I certify that:

- I am an authorized 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 (Please Print):

Last Name (Please Print):

Title:

Company Name:

Group number:

Email Address (optional):

Signature:

Today's Date:

Please return this completed form by mailing in the postage paid envelope enclosed, emailing to inquiries@thehealthplan.com or faxing to 570-808-7899.