

Reason Codes

M	Medicare
Mil	Military (Tri-Care)
GS	Other Group Coverage as Subscriber
GD	Other Group Coverage as Dependent or Spouse
R	Retirement
S	Student
T	Tribal
V	Veterans Admin (VA)
I	Other Individual Coverage
N	No Other Group Coverage



An Independent Licensee of the Blue Cross and Blue Shield Association,
an association of independent Blue Cross and Blue Shield Plans.

Employer Group Listing

Company Name: _____

Total Number of Employees Currently on Payroll: _____

Total Number of Employees who do not meet your Group's Work Hour Requirement for Coverage: _____

Employer Contribution: Employee % _____ Dependent(s) % _____ Work Hours: _____ Probationary Period: _____

Employee	Name <small>(An employee who works a normal workweek of between 20 and 40 hours as determined by the group.)</small>	Work Hours	Probationary Period Requirement Fulfilled?	Employee Enrolling or Waiving Coverage	If Waiving Coverage State Reason Using Codes Above
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
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30					

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Is your firm a subsidiary of another entity or does your firm have any subsidiaries? (common ownerships/affiliate) Can (not do they) this business file a consolidated tax return with another business for either Federal or State? (if yes, they are affiliated) Do any owners of this firm have 80% or greater interest in another firm or does another firm have 80% or greater interest in this firm? If yes, they are affiliated.

Yes____ No____

Are the affiliate employees included in this quote?

Yes____ No____

Employer Signature: _____ **Date:** _____

DEFINITIONS

Total Employees: Total number of active employees currently on the payroll within a group. This total helps to determine if a group is COBRA eligible and if Medicare is primary or secondary for employees/spouses 65 and over, or under 65 and on Medicare disability.

This total includes:

- ALL employees including those that are not eligible for coverage or those that have waived coverage.

This total DOES NOT include:

- Retirees & COBRA subscribers within the group.

Total Eligible Employees: Total number of employees eligible for group coverage.

This total includes:

- All employees who meet (or have met) the groups work hour requirement, and probationary period, including those employees that have waived coverage.

This total DOES NOT include:

- Retirees & COBRA subscribers within the group.
- Employees who have NOT met the group probationary period.

The entire group must meet the "Participation Requirements". Basic Requirements are:

- **75% Participation** – No exceptions - eligible employees who are covered under another coverage are NOT counted against the participation requirement.

Examples: 10 Total Employees
 1 Part Time (not eligible – working only 10 hours/day)
 2 Covered under another policy

10 – 1 = 9, however 2 employees are already covered under other policies and would NOT be counted, so 10 – 3 = 7, so the group must have 75% of 7 enrolled, or 6 enrolled employees.

OR

10 Total Employees
 1 Part Time

10 – 1 = 9, the group must have 75% of 9 enrolled, or 7 enrolled employees.

PARTICIPATION STANDARDS					
No. of Eligible Employees:	2-3	4-7	8-11	12-15	16 and over
Participation Requirement:	all	all less 1	all less 2	all less 3	75%

• **Employer Contribution**

60% for community groups and 75% for merit groups with 51 or more eligible participants or members of associations

Minimum towards employee premium – Only exception is employer contributes 50% towards Employee AND 50% towards Dependent premium.

- **Probationary Period** Must not exceed 330 days, group chooses requirement to determine eligibility.
- **Work Hours** – Must be within 20 – 40, group chooses one requirement for all employees to determine eligibility.