



**Group Information**

Group Name:	Broker:	Date Form Completed:
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**Prior Calendar Year Eligible Employees and Participation**

Total number of owners:
Total number of employees (regardless of part-time, full-time, or eligibility status; include owners):
Total number of eligible employees (including owners):
Total number of employees waiving coverage (who are covered elsewhere):
Total number of employees declining coverage (who have no other coverage):
Total number of non-employee enrollees (COBRA, state continuation, retiree):

**Business and Employee Locations**

Do you have any additional business locations beyond the principal location? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are any of these locations outside the state of Maine or New Hampshire? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list the states of all additional locations:
Do any of your employees reside in states other than Maine or New Hampshire? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many?
Please list the states of residence of all employees outside of Maine:

**Market Segment**

**Individual Market** – You are no longer eligible for group coverage and will be required to purchase an individual policy as of your renewal date. Please contact your broker or visit [enroll.healthoptions.org](http://enroll.healthoptions.org) to select an individual policy.

**Small Employer** – You had between 1 and 50 Eligible employees during the prior calendar year and will be rated in the small group market.

**Large Employer** – You had 51 or more eligible employees during the prior calendar year and will be rated in the large group market.

**Acknowledgement and Signature**

I certify that all the information provided on this form is true and accurate to the best of my knowledge. I understand that providing false or incomplete information could result in retroactive termination or rescission of coverage. See 45 CFR 147.128 and 24-A M.R.S.A. §2850-B. Such termination can result in the recoupment of any claims paid. I understand that Community Health Options may require documentation to verify the information contained herein.

Name:	Title:	Email:
Signature of Employer or Broker:		Date:

## Frequently Asked Questions

### Eligible Employee and Participation

#### What is an eligible employee?

An eligible employee is any employee who meets the requirements to participate in your employer-sponsored health plan. Depending on your eligibility requirements, which should be made available to all employees, this may be limited to only full-time employees or may be open to including part-time employees if they meet specific hours or time of service requirements.

#### What is a waiver?

A waiver is any eligible employee who elects to waive coverage in your employer-sponsored health plan due to having coverage obtained elsewhere, such as through a spouse's employer or coverage in the individual market.

#### What is a decline?

A decline is any eligible employee who elects to decline coverage but does not have any other coverage.

#### What is a participation rate?

The participation rate reflects the percentage of eligible employees who are not covered elsewhere and who are taking coverage. You must have a participation rate of 70% upon renewal in order to maintain your group health plan. Participation rate is waived for enrollment between November 15th and December 15th for a January 1st effective date.

### Business and Employee Locations

#### Why do we need to know about business locations?

It is important that we capture your principal business location (same as you claim for tax purposes) so that we can rate your premium correctly.

#### Why do we need to know about employees in other states?

Community Health Options has a robust network of providers throughout northern New England, as well as nationwide network access through the First Health Network. However, to ensure the best access to care for your employees, we require the majority of the workforce to be domiciled within Maine.

### Market Segment

#### When should I select Individual Market?

The Affordable Care Act defines a small group as having at least one eligible employee who is not an owner or spouse of an owner. If you have no employees, or your only employee is your spouse, then you will be required to move into the Individual Market.

#### When should I select Small Group Market?

A small group is defined as having at least one bona fide eligible employee who is not an owner or spouse of an owner, and no more than 50 eligible employees, on average, during the prior calendar year. If your business falls within this range of 1 to 50 eligible employees, you are in the small group market, however, if this business has shared ownership with other businesses, then common ownership rules apply. Please see "What if we have multiple businesses with common ownership" below.

#### When should I select Large Group Market?

If your business has, on average, 51 or more eligible employees during the prior calendar year, then your business is in the Large Group Market.

**What can I expect moving into the Large Group Market?**

If you are new to the Large Group Market, you will experience a different quoting process and rating methodology. The Large Group Market is experience-rated, which means that premiums are based on employee and family demographics, past claims experience, and high-cost claimants. Due to this, the process of getting a proposal in the Large Group Market is more detailed and requires medical underwriting.

**What if we have multiple businesses with common ownership?**

If there are several businesses with a common owner, or owners, then you may be required to combine the group health plan due to aggregate large employer rules. For more information on employer aggregate rules can be found in section 414 of the Internal Revenue Code <https://www.irs.gov/pub/irs-tege/epchd704.pdf>. If you are unable to determine which market you should be in due to aggregate rules, please contact Community Health Options at (207) 402-3353.