

## **Employer Group Size Certification**

Group Name:			Group Number:											
Group Ren	ewal Date:	//_												
This cou minimun product	nting meth n essential options av	of Full-Time a od pertains to t coverage. Conr ailable to you fo ethod of calculat	ne ACA red ectiCare v the upco	quirement vill use the ming plan	that eme numbe year (S	nployers er of em mall or	s of 51 aployed Large	L+ offe es fron e group	er a qua n this ca o). IRS r	lified h alculat regulat	ion to d	olan w detern ovide	ith nine t detai	iled
The nun	nber of er	nployees is det	ermined	by adding	g (1) an	nd (2)	below	<b>/</b> :						
1.	1. The number of full-time employees. Full-time is someone employed <u>an average of at or 130 hours per month.</u>							of at le	least 30 hours per week					
2.	not be fu such em each wo	umber of full-time equivalents (FTEs), which is a combination of employees. An individual employee may a full-time because he/she is not employed an average of at least 30 hours per week. But in combination, employees are counted as the equivalent of a full-time employee. For example, two employees who work 15 hours per week make up one FTE. You can also calculate FTEs by aggregating hours worked by ull-time employees in a month and dividing by 120.												
	To determine group size, look to the size of your workforce in the <b>prior</b> calendar year.													
		Affiliated employers with common ownership or those under common control must aggregate their employees for purposes of determining group size.												
	<ul> <li>All employees are included for counting purposes—for example, union and non-union employees, employees who are covered by another carrier, employees who have waived coverage, or employees located in other states.</li> </ul>													
	<ul> <li>The IRS regulations have some special counting rules, such as those for seasonal workers, employees whose hours are difficult to track or whose hours vary, school employers, and companies not in existence in the prior calendar year.</li> </ul>													
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Employer Name:		_ Employe	r Signatı	ure:				[	Date: _	/_	/_			

Please fax this recertification statement to 860-278-0883 or mail to: ConnectiCare Small Group Administration, c/o CBIA Service Corp 350 Church Street, Hartford CT 06103-1126

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