



Underwritten by  
Gundersen Health Plan Minnesota

### MINNESOTA GROUP SIZE VERIFICATION

Please complete the following questionnaire. The purpose of this census information is to assist us in accurately applying state and federal regulations as they relate to your employer group. You may wish to reference your Wage & Tax Statements from the preceding calendar year to calculate the total number of full-time and part-time employees.

Under Internal Revenue Code Sec. 414, employees must be treated as one employer if (1) the employees of a controlled group of corporations are considered to be of one employer, (2) the employees of a partnership, proprietorship, etc. are under common control, or (3) the employees of an affiliated service group are considered to be of one employer.

#### Minnesota Small Group

Confirm the average number of employees, working at least 20 hours per week, on business days during the preceding calendar year, excluding employees whose health coverage is determined by a collective bargaining agreement. The number of employees should include retirees and disabled former employees required to be covered.

2 – 25 employees     26 -50 employees     51+ employees

#### COBRA Continuation

COBRA applies to employers that employ 20 or more full-time and part-time employees on 50% of the business days during the preceding calendar year. Part-time employees counts as a fraction of a full-time employee and should be counted in this manner.     2 – 19 employees     20 or more employees

#### Medicare Coordination of Benefits

Medicare Secondary Payer provisions apply to employers that have 20 or more full-time and part-time employees for each working day of 20 or more calendar weeks in the current or preceding year.

2 – 19     20 + employees

Did you employ 100 or more full-time and part-time employees on 50% or more business days during the previous calendar year?     Yes     No

#### Dual Coverage

Do you offer any other group health insurance options to your employees? If yes:

Name of other insurance carrier: \_\_\_\_\_

Total number of employees covered under the other plan: \_\_\_\_\_    Established dual choice enrollment date: \_\_\_\_\_

\_\_\_\_\_  
(Authorized Group Representative)

\_\_\_\_\_  
(Date)