



**Certification Required for CMS Section 111 Reporting**

Below is a survey to help us determine how to correctly report group size to the Centers for Medicare and Medicaid Services (CMS) under Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 and to also determine whether your group is considered a large or small group under Affordable Care Act regulations. Failure to accurately respond may result in penalties imposed by the federal government.

The information below must be completed and returned to Quartz by your renewal date order to renew your plan. **Failure to return this information may result in a delay of your renewal or termination of your plan.** If you have any questions regarding this certification, **please contact your Account Manager at (800) 926-8227.**

1) County where Company’s primary location is located: \_\_\_\_\_  
(i.e., Dane, Green, Rock, etc.)

2) Employer Identification Number (Tax ID): *Include any subsidiaries and their Tax IDs, if applicable.*

Name	Tax ID

3) Is this a Multi-Employer Plan:       Yes       No

*A multi-employer plan exists when two or more employers are sponsors or contributors to a multi-employer plan and at least one of the employers has 20 or more full and / or part-time employees. For example, company ABC and company DEF sponsor a self-funded plan together.*

4) Enter the average number of full, part-time, and seasonal employees employed during calendar year 2017 (include all locations): \_\_\_\_\_

\*If you have a parent / brother / sister company or subsidiaries, please refer to Wisconsin Statutes Section 632.745(6) to determine whether you may be treated as a single employer.

(Continued on next page)

5) Did your company employ 100 or more employees (including full, part-time and seasonal) for 50 percent or more of your business days in calendar year 2017?

Yes: skip questions 6 and 7

No: go to question 6

6) Did you employ 20 or more employees (full, part-time, and seasonal) for more than 20 weeks in calendar year 2017? (Note: 20 weeks do not have to be consecutive.)

No: skip question 7

Yes: go to question 7

7) Please indicate the date you first had 20 or more employees (full, part-time and seasonal) for more than 20 weeks in the calendar year 2017. \_\_\_\_\_ (Month / Day)

Enter the average number of employees for the 20 weeks that you had 20 or more employees for 2017. \_\_\_\_\_

#### Certification

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Date: \_\_\_/\_\_\_/\_\_\_

I HEREBY CERTIFY that I have read the above statement and to the best of my knowledge and belief, it is a true, correct and complete statement prepared in accordance with the applicable instructions.

**I attest that I have the authority to sign on behalf of the company represented in this survey.**

Signature: \_\_\_\_\_

(Officer / Owner or Group's Contact Signature Required)

Title: \_\_\_\_\_

(Please Print)

Company Name: \_\_\_\_\_

Company Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_