



EMPLOYER CENSUS FOR CLIENT SIZE DETERMINATION

Every year, PacificSource must verify that your health plan complies with certain state and federal laws. Each law requires that employees be counted in a specific manner and does **not** limit the count only to employees participating in your health plan. Please complete all questions in **both sections** below to assist us in administering your group's benefits.

SECTION ONE – Please complete the following information.

Group Name: _____

Group Number(s): _____

Eligibility: _____ Hours Per Week / First of the month following _____ Days

Employer Contribution: _____% employee / _____% dependent

Number of Covered Employees: _____ Number of Waiving Employees*: _____

*Names of Waiving Employees: _____

Federal ID Number: _____ Agent(s): _____

If any of the above information is different than what is listed in your current contract with PacificSource, the changes will be made as of your next renewal date unless you indicate otherwise.

SECTION TWO – Please carefully read and answer all of the following questions. All questions must be answered and should be based on the total of all affiliated companies, and not just the company that PacificSource insures.

- 1. Our company is eligible to file a consolidated tax return with other companies. Yes No
 If yes, total number of employees of all affiliated companies (including yours): _____
- 2. The majority of the employees are employed in Oregon. Yes No
- 3. In which state is your company headquartered? _____
- 4. We employed 26 or more **qualified employees*** on at least 50 percent of our working days during the **preceding 12-month period**. Yes No
 ****IMPORTANT**–Count only **qualified employees** who are regularly scheduled to work a normal workweek of 17.5 hours or more. **Include** sole proprietors, partners of a partnership, leased workers, and independent contractors if included as employees under a health plan. **Do not** include employees who work on a temporary, seasonal, or substitute basis.*
- 5. We employed on average 51 or more total employees (full-time, part-time, and seasonal) during the **preceding calendar year (January 1 – December 31)**. Yes No
 *Count **all** employees regardless of number of hours worked except proprietors and partners. **Do not** include the proprietor or partners of the business as employees.*

I certify that the information on this census is correct to the best of my knowledge.

Print Name

Phone Number

Signature

Date

Please fax this completed form to (541) 485-0915, or mail to the following:

Attn: Marketing Department
PacificSource Health Plans
PO Box 7068
Eugene, Oregon 97401