

**Oregon Standardized Group  
Profile Form**

This information must be collected for all new and renewing groups to determine whether the group qualifies as a small employer. If you are requesting coverage as a single group because you are an affiliated group of employers for the purpose of pension plans under subsection (b), (c), (m), or (o) of section 414 of the Internal Revenue Code of 1986, the carrier must treat the affiliated group as a single group and the affiliated group must fill out one group profile form. If you are an affiliated group of employers but are not requesting coverage as a single group, each employer group in the affiliated group must fill out a separate group profile form.

**Section A**

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

**Address:** \_\_\_\_\_

**Company Headquarters (required if different from above):** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Producer name:** \_\_\_\_\_

**Section B**

**Average number of employees during preceding calendar year:** \_\_\_\_\_

If the average number of employees is 51 or greater, the group may qualify as a large group (see Section C for more information). If the average number of employees is at least two but not more than 50 during the preceding calendar year and you have at least two but not more than 50 eligible employees as of the date coverage is to take effect, you are a small employer.

**Did more than 50 percent of the average number of employees work in Oregon during the preceding calendar year?**  Yes  No

**Number of eligible employees as of the date coverage is to take effect:** \_\_\_\_\_

This is the number of employees who work a regular schedule of 17.5 hours or more per week on the date coverage is to take effect. Eligible employees do not include employees who work on a temporary, seasonal, or substitute basis.

**Section C**

**Disclosure Notice for Employers**

If an employer has an average of more than 50 employees during the preceding calendar year, the carrier may provide the employer a health insurance quote as a large group. However, the carrier must treat an employer as a small employer and must provide a quote only on that basis if both of the following conditions apply:

- (1) The employer's workforce consists of at least two but not more than 50 eligible employees as of the date coverage is to take effect; and
- (2) Coverage is limited to eligible employees.

Health insurance carriers are required to provide quotes and issue coverage to small employers pursuant to ORS 743.733 to ORS 743.737.

**To the best of my knowledge, I certify that all the information contained herein is correct. I understand that the final rates will be based on actual enrollment and may be different than the rates originally quoted and that additional information may be required to verify eligibility of the group.**

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**I am (check one):**  Owner  Group Administrator  President  Director  Corporate Officer  Agent\*  Licensed Rep of Agent\*

*\*If Agent, who at group provided you the information and when:* \_\_\_\_\_

**This form is for the purposes of (check one):**  Quote  Renewal

**IMPORTANT:** Employees who have been employed by a small employer for fewer than 90 days are not eligible employees unless the small employer's probationary period is set at less than 90 days.