



For purposes of determining the number of employees in a group health benefit plan, Oregon law requires insurers and producers to follow specific guidance as outlined in Oregon Administrative Rule 836-053-0015. The number of employees reported on this form will help determine employer eligibility to purchase coverage in the small or large group market. Please complete this form and return it promptly to your producer or Kaiser Permanente sales executive.

Group name	Company address		
	Billing address if different from abo		
	e		
	Email		
SECTION 2	OFTERMINING CROUD SIZE LINDER		
	DETERMINING GROUP SIZE UNDER (		H 1 71 1 15
	rative Rule (OAR) 836-015-0015 establishe pecific details about how to count employe		
full-time employe and full-time-equ	ng, a small employer in Oregon is one that les, including full-time-equivalent employe ivalent employees. Companies with a com e Internal Revenue Code are generally com	es. A prescribed calculation det mon owner or that are otherwis	ermines the number of full-time e related under certain rules of
	a small employer under Oregon law (OAR ployee <u>who is enrolled on the plan at the b</u>		nust employ at least one
	tion on how to count employees toward th d groups, refer to any of these sources:	e 1–50 threshold, which employ	yees to count, and how to
o OAR 836-05 processLogi	3-0015 and Exhibit B to OAR 836-053-001 n.action)	5. (Search for this OAR at https://www.	://secure.sos.state.or.us/oard/
o IRS Publicati employers/c	on, "Determining if an Employer is an App letermining-if-an-employer-is-an-applicable	licable Large Employer" <u>www.ir</u> e-large-employer	s.gov/affordable-care-act/
	o refer to <b>healthcare.gov</b> or your legal cou lent, and eligible employees.	nsel for information on calculati	ng the number of full-time, full-
in which the relationship spouse. For	e is considered a common law employee if services are performed by the individual; t but they are not an owner, partner in the fi more information, see Exhibit B to OAR 83 sLogin.action).	they perform services for the fire rm, independent contractor, or	m under an employer-employee its sole proprietor or their
656510N 0 5			
	MPLOYER INFORMATION (Use reference		•
subsidiaries to th	a controlled group? Yes No (For cone controlled group.)  ntrolled group, who is the employer for the		estions 2 and 3 should include all
-	time and full-time-equivalent employees	, ,	
3. Will there be at "no" to this ques	least one common law employee enrolle stion indicates the employer is not eligible to et in Section 2 for specific detail.) Yes	d on the plan at the beginning o purchase a group health plan a	of the plan year? (Answering
based on actual enro	owledge, I certify that all the information co ollment and that additional information may	be required to verify eligibility o	
Signature			
Title		Dat	·e