

GENERAL FORM INSTRUCTIONS

- Please answer questions using blue or black ink, in capital letters staying within the provided boxes.
- If additional space is needed at any point while completing the form, please attach additional sheets as necessary.
- Completed forms for small groups may be sent to the following:
 - **Email:** annualgroupinformationexcellus@excellus.com **Fax:** 1-800-457-2777
 - **Mail:**
AGIF Unit
P.O. Box 40091
Rochester, NY 14604-9949
- Large groups may send their forms to their Sales Account Manager

SECTION ONE: GENERAL GROUP INFORMATION

1. Group Number

- › The number by which your group is identified in our system. You can find this number on your monthly invoices or by contacting your Sales Account Manager.

2. Legal Entity Name

- › The name by which your group is identified in our system.

3. Tax Identification Number (TIN)

- › Your Employer Identification Number/Tax Identification Number (EIN/TIN) is a nine-digit number assigned by the Internal Revenue Service (IRS). Your EIN/TIN may be found on your business tax returns.

4. ZIP Code for Business Physical Address

- › The ZIP Code for the physical location/office to which the covered employees report.

5. Professional Employer Organization (PEO)

- › Refer to New York Consolidated Laws, Labor Law – LAB § 916 for definitions of a professional employer organization and a professional employer agreement.
- › An employee currently employed by a PEO is only eligible to enroll in group coverage through the PEO.

6. List Owners/Partners/Shareholders and Percentage of Ownership

- › Please list all owner names representing up to 100% ownership.

7. Commonly owned or related businesses

- › Include parent company, subsidiaries, and any other entities within the United States, combined for Applicable Large Employer determination.

SECTION TWO: GROUP SIZE REGULATORY INFORMATION

1. To Verify Market Segment

- › This section is based upon the prior calendar year.
- › These counts must include all locations/entities within the United States combined for applicable large employer determination.
- › For a startup company, please complete this section using the current calendar year's information. Per 26 U.S. Code § 4980H(c)(2)(C), "In the case of an employer which was not in existence throughout the preceding calendar year, the determination of whether such employer is an applicable large employer shall be based on the average number of employees that it is reasonably expected such employer will employ on business days in the current calendar year."
- › Group Size Calculation:

	Average full-time employees (30+ hours/ week) employed in the prior calendar year:
A.	Note: If this number fluctuates, please add the number of people employed each month of the prior calendar year and then divide the total by twelve to get the average.
B.	Total number of part-time hours worked by all part-time employees in the prior calendar year:
	Total number of part-time hours worked in the prior calendar year divided by 1,440: (Answer B/1,440)
C.	Note: Seasonal employees working fewer than 120 days in the calendar year should be carved out.
	Total full-time employees and full-time equivalents to determine group size: (Answer A + Answer C)
D.	Note: Round down to the nearest whole number.

- › Enter the value of D in Section 2, Question 1 of the AGIF.

2. For Medical Loss Ratio Reporting Purposes

- › If this number fluctuates, please add the number of people employed each month of the prior calendar year and then divide the total by twelve to get the average.

SECTION THREE: MEDICARE COORDINATION OF BENEFITS

For Medicare Secondary Payer Purposes

- › For information regarding who aggregation of employee counts for affiliated businesses, please refer to Social Security Act §1862 (b)(1)(E)(i).

SECTION FOUR: CONTRIBUTION

Annual Employer Contribution to a Health Savings Account/Health Reimbursement Account

- › Please complete employer contribution for single tier HSA and/or HRA.

Monthly Employer Contribution to Excellus Group Dental Policy

- › Please provide monthly employer contribution to single tier dental premiums.

SIGNATURE

The individual signing the form must be a representative of the group who is authorized to make health insurance decisions on behalf of the business

Disclaimer: Excellus BlueCross BlueShield will not share your personal information with other individuals or organizations without your permission, except as permitted by law.