

Small Group - Employer Eligibility Agent Worksheet

Section A – Average Number of Employees

Was the average number of all employees in the previous calendar year 50 or less?

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total	Average (Total ÷ 12)
Full-Time														
Part-Time														
Seasonal														
Total														

Note: An employer not in business all 12 months of the previous calendar year will be based on projected W-2 employees for the current calendar year.

- Yes, continue to Section B
 No, the applicant is not eligible for Small Group coverage, please advise applicant of other Florida Health Care Plan options for large groups

Section B - Employer Classification

How is the business currently organized under Florida Law? (Check the appropriate box)

- Sole Proprietorship Partnership Other (examples: Church, Labor Union, Trust)
 Corporation (for-profit, not-for-profit, S Corp., Limited Liability Company ("LLC"), PC, Government)

If Sole Proprietorship or Partnership:

Is at least one employee issued a W-2 form that is not your spouse or IRS tax dependent?

- Yes, continue to Section C
 No, the applicant is not eligible for Small Group coverage; please complete an individual Florida Health Care Plan application

If Corporation:

Did the owner(s) receive a W-2 form from the business?

- Yes, continue to Section C
 No, Is at least one employee issued a W-2 form that is not your spouse or IRS tax dependent?
 Yes, continue to Section C
 No, the applicant is not eligible for Small Group coverage; please complete an individual Florida Blue /Florida Blue HMO application if applicable

If Other:

Is at least one employee issued a W-2 form?

- Yes, continue to Section C
 No, you are not eligible for Small Group coverage; please complete an individual Florida Health Care Plan application if applicable

Section C - Common Ownership/Controlled Group Compliance

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") states that all persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 of the Internal Revenue Code of 1986 shall be treated as one employer.

Is your company part of a common ownership or Controlled Group?

- No, advise applicant of other Florida Blue plan options for large groups
 Yes, Please complete the Common Ownership Form. Continue to Section D advise applicant of other Florida Health Care plan options for large groups.

Note: To be considered a Small Group the applicant must average 50 or less employees, if 50 or less continue to Section D

Section D - Contribution Requirements

Minimum Employer Contribution Table, this is a requirement and not a guideline:

Group Size	Employees	Dependents
4 – 50	50%	0%
1 – 3	100%	0%

Does the applicant meet the minimum employer contribution requirements to be considered for Small Group Coverage?

- Yes, continue to Section E
 No, If a Small Group Employer fails to meet the participation and contribution requirements, Florida Health Care Plans will only accept the application from 11/15 to 12/15 for a January 1 effective date in accordance with 45 C.F.R. § 147.104.

Section E - Participation Requirements

The minimum employee participation is 70% for 4-50 and 100% for 1-3. This is a requirement and not a guideline.

Does the applicant meet the minimum employer participation requirements to be considered for Small Coverage?

- Yes, continue with the group sales enrollment process
 No, If a Small Employer fails to meet the participation and contribution requirements, Florida Health Care Plans will only accept the application from 11/15 to 12/15 for a January 1 effective date in accordance with 45 C.F.R. § 147.104.