

# EMPLOYER GROUP INFORMATION

Indicate N/A in any sections that do not apply to your group



## SECTION A

Employer Name \_\_\_\_\_ Employer Tax ID # \_\_\_\_\_

Type of Business \_\_\_\_\_ SIC Code: \_\_\_\_\_ Original Business Start-up Date: \_\_\_\_\_

Parent Company Name \_\_\_\_\_

Prior Group Coverage with Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company?

☐ Yes ☐ No If Yes, provide Cancellation Date: \_\_\_\_\_ Group Number: \_\_\_\_\_

Is the Group's current funding arrangement fully insured? ☐ Yes ☐ No

What is the Group's current health coverage renewal date? \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Part-Time Employees: _____	Number of Out-of-State Resident Enrollees: _____	Total Number Enrolled: _____
Number of Full-Time Employees: _____	List: State Number of Employees	Number with Signed Waivers: _____
Number of Total Employees: _____	____	
	____	
	____	

List below the names and termination dates for Employees, Spouses and/or Children continuing coverage under the provisions of **COBRA, or Illinois Continuation** (will be referenced only as COBRA throughout remainder of this form).

Name of COBRA Continuee	Coverage Type (Individual or Family)	Projected COBRA Termination Date	Type of Coverage Extended
			<input type="checkbox"/> Health <input type="checkbox"/> Dental
			<input type="checkbox"/> Health <input type="checkbox"/> Dental
			<input type="checkbox"/> Health <input type="checkbox"/> Dental

List below the names of **covered Employees not actively at work** due to: 1) layoff; 2) leave of absence; 3) confinement in a health care facility; 4) Maternity leave; 5) disability; 6) worker's compensation; 7) illness; 8) injury; 9) other, specify: \_\_\_\_\_

Employee Name	AGE	Reason for Absence (1-9)	Plan Type (PPO, HMO, etc.)	Date Last Worked	Family Coverage
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

List below all disabled Spouses and/or Children who are currently covered by the group health plan.

Spouse or Child Name	Age	Employee Name	Plan Type (PPO, HMO, etc.)	Date of Disability	Will BCBSIL be Primary or Secondary?	Medicare Eligible?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,  
an Independent Licensee of the Blue Cross and Blue Shield Association

## SECTION B

This section is to be completed by groups with 51 or more employees *ONLY*.

### MEDICAL QUESTIONNAIRE

YES	NO	# of members	Directions: Please check Yes or No. If any box is checked "Yes" (YES) circle the condition, e.g., STROKE, and give details below.
<input type="checkbox"/>	<input type="checkbox"/>		1. Has anyone had a claim of \$5,000 or more in the past 12 months?
<input type="checkbox"/>	<input type="checkbox"/>		2. Has anyone been advised to have surgery or medical treatment in the past 6 months that has not yet been performed, or been hospitalized or had surgery in the past 3 years?
<input type="checkbox"/>	<input type="checkbox"/>		3. Has anyone been advised, diagnosed or treated by a physician in the past 5 years for:
<input type="checkbox"/>	<input type="checkbox"/>		A. Stroke, heart, circulatory, vascular disease or disorder, or high blood pressure?
<input type="checkbox"/>	<input type="checkbox"/>		B. Cancer, tumors, leukemia, lupus or any other systemic disease?
<input type="checkbox"/>	<input type="checkbox"/>		C. Multiple sclerosis, paralysis, arthritis or bone/joint/back/muscle disorders?
<input type="checkbox"/>	<input type="checkbox"/>		D. Asthma, emphysema, respiratory or lung disorders?
<input type="checkbox"/>	<input type="checkbox"/>		E. Diabetes, pancreas, growth disorder or endocrine disorder?
<input type="checkbox"/>	<input type="checkbox"/>		F. AIDS, tested positive for HIV, immune system disorders or blood disorders?
<input type="checkbox"/>	<input type="checkbox"/>		G. Hepatitis/liver disorder, digestive system disease or disorder, colon disorder, kidney/prostate/reproductive organs disorder or infertility?
<input type="checkbox"/>	<input type="checkbox"/>		H. Nervous system or brain/seizure disorder, mental/emotional disorders, alcohol/drug/substance abuse or dependency?
<input type="checkbox"/>	<input type="checkbox"/>		I. Organ transplant or bone marrow transplant?
<input type="checkbox"/>	<input type="checkbox"/>		J. Other? _____
<input type="checkbox"/>	<input type="checkbox"/>		4. Are any employees or dependents currently pregnant?

If you have answered "Yes" to any of the questions above, please provide details below. Use an additional page if needed.

### DETAILS OF MEDICAL HISTORY

Example is shown in grey boxes.

Question #	Name (optional)	Employee, Spouse, Child	Age	Sex	Condition/ Diagnosis	Treatment Medications	Treatment Date	Date of Recovery
3A	Spouse	Employee, Spouse, Child	36	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	Stroke	Surgery	5/3-2005	
		Employee, Spouse, Child		<input type="checkbox"/> M <input type="checkbox"/> F				
		Employee, Spouse, Child		<input type="checkbox"/> M <input type="checkbox"/> F				
		Employee, Spouse, Child		<input type="checkbox"/> M <input type="checkbox"/> F				
		Employee, Spouse, Child		<input type="checkbox"/> M <input type="checkbox"/> F				

The following information is needed to comply with Public Act 86-537, as amended, which regulates the Discontinuation and Replacement of Group Insurance policies. Each covered person will be given credit toward our participating provider program deductible for prior deductible and waiting periods satisfied under the prior carrier's coverage based on information provided to Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company ("HCSC") by the group. HCSC reserves the right to accept or, where not prohibited by law, reject the entire group based on the information provided. HCSC further reserves the right to change the quoted rates or withdraw the proposal if any of the above information changes, was omitted, or has been reported inaccurately.

What is the provision in the current insurance carrier's contract for **coverage during lay off, leave of absence and disability**?

What is the current carrier's **extension of benefits provision** for medical services in the event of employer group cancellation?

Has the Group's **medical coverage ever been cancelled**, or applications for coverage been declined or withdrawn? ☐ Yes ☐ No

If yes, explain. \_\_\_\_\_

*If additional space is needed for any of the above, please attach a separate sheet with the required information.*

## SECTION C

### Insurance Company History (All Insurance Companies, including HMO, in the previous five years)

Insurance Company Name			Period Insured	
Current:				
Previous:				
Current Carrier Premium Rates For:	Plan Type (HMO, PPO, Other)	Current Policy	Renewal	Benefit levels (Deductible and Coinsurance)
Employee	<input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Other, specify: _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____	Deductible: _____ Coinsurance: _____
Employee plus Spouse	<input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Other, specify: _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____	Deductible: _____ Coinsurance: _____
Employee plus Child(ren)	<input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Other, specify: _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____	Deductible: _____ Coinsurance: _____
Family	<input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Other, specify: _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____	Deductible: _____ Coinsurance: _____
Total Monthly Health Premium		\$ _____	\$ _____	

## SECTION D

### Medicare Secondary Payer (MSP) Employer Acknowledgement

Under federal law, it is the employer's responsibility to inform its insurer or third-party administrator of proper employee counts for the purpose of determining payment priority between Medicare and another insurer. Employer size, not group health plan size, is used in determining whether the group health plan or Medicare is the primary payer. **In the absence of employer-provided employee counts, CMS requires that the employer's group health plan coverage be considered primary to Medicare. Fax or email completed form to 312-946-3688; [smgrp1@bcbsil.com](mailto:smgrp1@bcbsil.com). A response is required for every question. For help in completing this form, refer to the Instructions – Completing the Annual MSP Employer Acknowledgement located at the end of this document.**

New BCBSIL clients please check the applicable box:		<input type="checkbox"/> The client was <b>not</b> in business the preceding calendar year <input type="checkbox"/> The client was in business during the preceding year	
Do you have any affiliates or subsidiaries? If "yes", list name of each: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Some of the following responses are based on the current calendar year, while others are based on the preceding year. Please use the year of your upcoming renewal as 'current year' when answering the following questions. For example, if your upcoming renewal is effective July 1, 2013, base your current year answers on 2013. Or, if your upcoming renewal is effective January 1, 2014, base your current year answers on 2014. If there have not yet been 20 weeks in the current calendar year, base your answer on current employee <b>current year</b> count. Understand that you are obligated to notify BCBSIL if and when your status changes.		Current year	
<b>Please indicate the current calendar year for which the form is being completed:</b>			
1. In the year immediately prior to the current calendar year, did you file a separate federal tax return that is not consolidated with another individual or entity? If you are not required to file a federal tax return, please check N/A		<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. How many employees did all the entities on the preceding calendar year's tax return have on the payroll (whether full-time, part-time, seasonal, or partners) during the preceding calendar year? Enter number of employees.		_____ (# of employees)	
3. Are you part of a multi-employer group health plan? The term "multi-employer group health plan" means any trust, plan, association or any other arrangement made by one or more employers or by employers and unions to offer, contribute to, sponsor, or directly provide health benefits. Questions 5 and 7 must also be completed.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Did you have 20 or more (full-time, part-time, seasonal, or partners) total employees for each working day in each of 20 or more calendar weeks in the current or preceding calendar year? ⇒ Check 'Yes' or 'No' for both the current and preceding calendar years <input type="checkbox"/> If you checked "Yes" for the current calendar year, and the threshold was met during the current year, please check this box and enter the date the threshold was met in the following space. ____/____/____. <input type="checkbox"/> If you check "No" for the current year and your answer changes to "Yes" at any time, you must promptly notify BCBSIL by completing a new EAF, checking this box and entering the date the threshold was met in the space above.		Current Year (see above)	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Preceding Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If you are currently or were during the preceding year part of a multi-employer group health plan (as defined in #3), did any one employer that is part of the multi-employer group health plan have 20 or more (full-time, part-time, seasonal, or partners) total employees for each working day in each of 20 or more calendar weeks in the current or preceding calendar year? ⇒ If you answered 'Yes' to #3, then check 'Yes' or 'No' for both the current and preceding calendar years ⇒ If you answered 'No' to #3, then check 'Yes' or 'No' for the preceding calendar year only		Current Year (see above)	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Preceding Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Did you have 100 or more (full-time, part-time, seasonal, or partners) total employees on 50 percent or more of your business days during the preceding calendar year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. If you are part of a multi-employer group health plan (as defined in #3), did any one employer that is part of the multi-employer group health plan have 100 or more (full-time, part-time, seasonal, or partners) total employees on 50 percent or more of your business days during the preceding calendar year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

## SECTION E

The Affordable Care Act (ACA) established medical loss ratio (MLR) standards for health insurers. Generally, the MLR is the percentage of earned premiums that the insurer spends on health care services and quality improvement activities. If the insurer's MLR is less than ACA's MLR standard for a group market of a state, the insurer may provide ACA-MLR rebates in that market.

This section and the information you provide will assist us in completing our ACA-MLR report and distributing any ACA-MLR rebates that may be provided for an ACA-MLR reporting year. Please complete the information requested below.

**1. Employer Size. (Required for new groups only)** For the purpose of determining employer size:

- An "employee" is defined as any individual employed by an employer. An employee includes full-time, part-time and seasonal employees.
- Persons treated as a single employer under Internal Revenue Code Section 414(b), (c), (m) or (o) should be treated as a single employer.

Check the box that applies to your company (employer):

☐ My company (employer) **existed** during the preceding calendar year.

What is the average number of employees that your company (employer) employed on business days during the calendar year (January 1 – December 31) preceding the effective date of coverage? For example, if your effective date is July 1, 2014 then you would base your answer on calendar year 2013. \_\_\_\_\_

☐ My company (employer) **did not exist** at any time during the preceding calendar year.

What is the average number of employees that your company (employer) is reasonably expected to employ on business days during the current calendar year? \_\_\_\_\_

**2. Church Plan.** In order to provide an ACA-MLR rebate to a policyholder with a group health plan that is a church plan (within the meaning of Internal Revenue Code Section 414(e)), ACA requires that the insurer obtain a written assurance from the policyholder that any rebate provided to the policyholder be used for the benefit of enrollees as described in MLR regulations (45 C.F.R. 158.242). If such a written assurance is not provided, an insurer may not provide an ACA-MLR rebate to the policyholder.

Will the health insurance coverage be provided in connection with a group health plan that is a church plan?

☐ No, our group health plan is NOT a church plan.

☐ Yes, our group health plan is a church plan. If so, check one of the following:

☐ We **WILL** use any rebate provided to the policyholder to benefit enrollees as described above.

☐ We **WILL NOT** use any rebate provided to the policyholder to benefit enrollees as described above.

If you have any general questions about this request, please contact our Health Care Reform Call Center at 855-756-4438, 7:30 a.m. to 4 p.m. MST, Monday through Friday. Should the employer's or plan's status change, please contact your account representative.

I, the undersigned, a duly authorized representative of policyholder represent and warrant that the information contained in this Section D is true, correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Employer or Authorized Purchaser Signature and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Date

## INSTRUCTIONS – COMPLETING THE ANNUAL MSP EMPLOYER ACKNOWLEDGEMENT

### Important Note

Under federal law, it is the employer's responsibility to annually inform its insurer or third-party administrator, such as Blue Cross and Blue Shield of Illinois (BCBSIL), of proper employee counts for the purpose of determining payment priority between Medicare and another insurer. In the absence of employer-provided employee counts, CMS requires that the employer's group health plan coverage be considered **primary to Medicare**.

### Background

When an individual is covered by both Medicare and an employer's group health plan (GHP), Medicare secondary payer (MSP) rules specify that the employer's total size, not group health plan enrollment size, is a factor in determining whether Medicare benefits are primary or secondary. Employer size is a factor in MSP order of payment determinations when the covered individual is Medicare-entitled due to either age ("working aged") or disability.

### Employer information — Who is the Employer?

For MSP purposes, the employer is the legal entity that employs the employees. For example, the employer may be an individual, a partnership, or a corporation. In some situations, it may not be clear which corporation or individual is the employer for MSP purposes. In these cases, employers must use Internal Revenue Service aggregation rules provided in the Internal Revenue Code [IRC 26 U.S.C. Sections 52(a), 52(b), 414(n) (2)]. In general, these rules specify that single employers include:

- all employees of all corporations that are members of the same controlled group of corporations, and
- all employees of trades or business (whether incorporated or not), e.g., employees of partnerships, LLCs, proprietorships that are under common control.

The Centers for Medicare & Medicaid Service's (CMS) *MSP Manual* provides additional guidance about aggregation for affiliated service groups and religious orders, as well as authoritative information about employer size and other MSP topics. The *MSP Manual* is available online at <http://www.cms.hhs.gov/Manuals/IOM/list.asp>.

### Question 1 — Did you file a separate Federal Tax Return?

If you filed a federal tax return that did not include information about any other individual or entity, check "Yes." If you filed a federal tax return consolidated with another individual or entity, check "No." If you are not required to file a federal tax return, check "N/A."

### Question 2 — Employer Size from Your Federal Tax Return Information

How many employees did all the entities listed on the tax return have on the payroll (whether full-time, part-time, seasonal or partners) during the prior calendar year? It is important that you enter the total number of employees for all entities (including parent, subsidiaries and affiliated entities) listed on the tax return, since this may determine whether or not Medicare will be the primary payer of claims. Subsidiaries of foreign companies must count the number of employees of the organization worldwide.

### Question 3 — Are you part of a multi-employer group health plan?

Authoritative guidance for determining multiple employer group health plan participation can be found in the Code of Federal Regulations at 29 CFR § 2510.3-37.

### Questions 4 and 5 — Working Aged Rule & Employer Size

Under the MSP "working aged" rule, Medicare is secondary to the employer's GHP coverage if the employer's size equals 20 or more employees for each working day in each of 20 or more calendar weeks in the current or preceding calendar year. (*Question 4 refers to this standard as "the threshold."*) Note: The year of your upcoming renewal is the 'current' year. If there have not yet been 20 weeks in the current calendar year, base your answer on current employee count. Understand that you are obligated to notify BCBSIL if and when your status changes. This also applies to multi-employer and multiple employer group health plans in which at least one employer employs 20 or more employees.

- *Counting individuals for the "20-or-more" employer size*
  - Employees counted in the 20-or-more employer size include the total number of nationwide full-time employees, part-time employees, seasonal employees and partners who work or who are expected to report for work on a particular day.
  - Those not counted in the 20-or-more employer size include retirees, COBRA qualified beneficiaries and individuals on other continuation options, and self-employed individuals who participate in the employer's group health plan.

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*The information in these instructions should not be construed as legal advice or as a legal opinion on any specific facts or circumstances, and is not intended to replace advice of independent legal counsel.*

- *Employer size increases to 20 or more during the year*

If the employer's size was below 20 during the preceding year, the employer's GHP coverage becomes primary as soon as the employer has had 20 or more employees on each working day of 20 calendar weeks of the current year. The 20 calendar weeks do not have to be consecutive. Then, the employer's GHP coverage is primary for the remainder of the year and during the following year.

For example, the employer's size meets the 20-or-more employee threshold as of October 1, 2013. The employer's GHP coverage becomes primary for services provided from October 1, 2013 through December 31, 2014.

**Please note:** If you check "No" for the current year in EAF **Question 4** and your answer changes to "Yes" at any time, you must promptly notify BCBSIL by completing a new EAF and indicating the date the change occurred in the space provided in **Question 4**.

- *Employer size fails to meet the threshold of '20 or more employees during 20 or more weeks' during the year*

If the employer's size met the threshold of 20 or more employees for each working day in each of 20 or more calendar weeks for the preceding year, but during the current calendar year the employer size never meets that threshold, the employer's group health plan remains primary until the end of the current year.

For example, during 2013 the employer's size met the threshold of 20 or more employees for each working day in each of 20 or more calendar weeks. However, during 2014 the employer's size never meets this threshold. The employer's group health plan coverage remains primary through December 31, 2014.

- *Individuals affected by the working aged rule*

The "working aged rule" applies to individuals who are Medicare-entitled due to age (age-65 or older) and

-- Are covered under their employer's GHP and have "current employment status" and the employer meets the "20-or-more" employer size requirements (above), or

-- Are covered under their spouse's (of any age) employer's GHP and the spouse has current employment status and the employer meets the "20-or-more" employer size requirements (above).

#### **Questions 6 and 7 — Disability Rule & Employer Size**

Under the MSP "disability" rule, Medicare benefits are secondary to an employer's large group health plan (LGHP) benefits when the employer size equals 100 or more full-time and/or part-time employees on 50 percent or more of the employer's business days during the previous calendar year. The business days do not have to be consecutive.

For multi-employer plans, Medicare is the secondary payer for all individuals enrolled in the plan as long as at least one of the employers employs 100 or more employees. The 100-employee threshold is not based on the aggregate number of employees of all employers. If you are a multi-employer, please keep this in mind when completing questions 6 and 7.

- *Counting individuals for the "100-or-more" employer size*

-- Employees counted in the 100-or-more employer size include the total number of nationwide full-time employees, part-time employees, seasonal employees and partners who work or are expected to report for work on a particular day.

-- Those not counted in the 100-or-more employer size include retirees, COBRA qualified beneficiaries and individuals on other continuation options, and self-employed individuals who participate in the employer's group health plan.

- *Employer size increases to 100 or more during the year*

If the employer's size meets the 100-or-more employee threshold at any time during the current year, the employer's group health plan coverage will be primary to Medicare during the following year.

For example, an employer met the 100-or-more employee threshold on May 1, 2013. The employer's GHP coverage will be primary for services provided from January 1, 2014, through December 31, 2014.

**Please note:** If you answer "No" to **Question 6**, you must promptly notify BCBSIL by completing a new EAF if your answer changes to "Yes" at the beginning of the next calendar year.

- *Employer size doesn't meet the threshold of '100 or more employees during 50 percent of business days' during the year*

If the employer's size does not meet the 100-or-more employee threshold during the year, the employer's GHP coverage is secondary to Medicare during the following year.

For example, during 2013 the employer's size never meets the threshold of 100 or more full-time and/or part-time employees on 50 percent or more of the employer's business days. The employer's group health plan coverage will be secondary to Medicare for services provided from January 1, 2014, through December 31, 2014.

- *Individuals affected by the disability rule.*

The "disability rule" applies to individuals who are Medicare-entitled due to a Social Security Administration determination of disability and

-- Are covered under their employer's GHP and have "current employment status" and the employer meets the "100-or-more" employer size requirements (above), or

-- Are covered under their spouse's (of any age) employer's GHP and the spouse has current employment status and the employer meets the "100-or-more" employer size requirements (above).