

2019 Group Size Certification Form

Group Name: _____

Please complete. Many carriers are unable to provide a quote (or renewal rates) without this information.

DEFINITIONS:

- **Group eligibility** is based on your group's size. This is determined by the average number of employees on your payroll in the calendar year prior to the effective date (or renewal date) of your plan.
- The **average number of employees** includes all employees on your payroll, whether or not eligible for coverage. It also includes any individuals that were employed by an affiliated company.
- The term **employee** means any individual employed by an employer, including business owners, corporate officers, full-time, part-time, partners, seasonal, union, and affiliated company employees. It also includes all employees inside and outside the state of Washington. Contracted 1099 individuals *are not* included.
- Groups that were not in business during the previous calendar year would base their group size on the current calendar year.

Based on the above definitions, please complete the following:

1. **Number of Employees in 2018:** Will/Did your group employ an average of at least 1 but not more than 50 employees during calendar year 2018? Yes No
Please enter the average number of employees that you employed during calendar year 2018: _____
2. **Affiliated Company(ies):** Is your company affiliated with any other company? Yes No
3. **Group Headquarters:** Is your company headquartered outside the state of Washington? Yes No

Additional information for groups that will have less than 5 employees enrolled on medical coverage as of the effective date (or renewal date) of the plan:

4. How many W-2 employees will be enrolled on medical coverage? _____
5. Of this number, how many are an owner, an owner's spouse, a partner, or a partner's spouse? Will you be able to provide a W-2 for each? Yes No
6. What is your company type? Sole proprietor Partnership C-Corp S-Corp LLC
If your company is an LLC, do you file taxes as a C or S Corp? C-Corp S-Corp Neither
7. How many employees will be on payroll report as date of coverage? _____
(Not from your 5208 A&B Quarterly Unemployment Insurance reports)
8. Are you willing to provide the tax information some carriers will require? Yes No
(see the next page for additional details)
9. What was the month / year your business was opened in WA State? MO: _____ YR: _____
10. Have any owners waived occupational injury (L&I) coverage? Yes No
If yes, please list their names: _____

Signature of Employer

Title

Date

Please retain a copy for your records and return this form to GHB Insurance.

TAX DOCUMENTATION MICRO GROUP (1-4 enrolled employees)

Based on how your group files with the IRS, you will need to supply a copy of each of the necessary forms as listed below for the previous tax year or a copy of the prior year's tax forms along with a copy of the currently filed extension.

Note: LLC's (Limited Liability Company) may file as a sole proprietor, a partnership or a corporation.

Sole Proprietorship:

- The most recently filed IRS Form 1040 (in its entirety).
- The corresponding Schedule C.
- If owner and/or an owner's spouse will be covered, may need additional payroll records and/or W-2's.

Partnership:

- The most recently filed IRS Form 1065 (in its entirety).
- The corresponding K-1's for each partner and payroll/draw records for each enrolling partner. Each enrolling partner must meet employee eligibility requirements.
- The most recently filed IRS Form 1040 (in its entirety) if only one partner enrolling.
- If partner(s) and/or their spouse(s) will be covered, may need additional payroll records and/or W-2's.

Corporation:

- The most recently filed IRS Form 1120 (in its entirety) including Form 1125-E.
- If officers and/or their spouse(s) will be covered, may need additional payroll records and/or W-2's.

Subchapter S Corporation:

- The most recently filed IRS Form 1120S (in its entirety).
- The corresponding K-1's for each eligible employed enrolling shareholder.
- The most recently filed State of Washington Quarterly Tax Report & Wage Detail Report (Forms 5208A & B) – also called the Quarterly Unemployment Insurance form.
- If owner and/or an owner's spouse will be covered, may need additional payroll records and/or W-2's.

Non Profit Organization:

- The most recently filed State of Washington Quarterly Tax Report & Wage Detail Report (Forms 5208A & B) – also called the Quarterly Unemployment Insurance form – filed with the Washington State Employment Security Department (where required) and equivalent for any out of state employees.
- For any employee whose hours are not reported on the 5208B, or those showing 0 hours, may need additional payroll records.

Religious Organization:

- The most recently filed Washington State Employer's Quarterly Report for Industrial Insurance (Workers' Compensation) Form 212-055.
- Will need additional payroll records and/or W-2's.

Schedule F Farmer:

- IRS Form 1040 (in its entirety).
- The corresponding Schedule F.
- If owner and/or an owner's spouse will be covered, may need additional payroll records and/or W-2's.

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