Blue Cross
Blue Shield
Blue Care Network
of Michigan

Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Group Size Appeal

Group information

Customer Name			
Company Contact Email	Customer ID		Renewal Month/Year

Employee count information

FTE employee count		Number of eligible employees choosing **no** coverage		Number of eligible employees covered by another group health plan through a spouse, another employer, or retirement plan	
Number of eligible employees in Michigan		Number of eligible employees not offered coverage			
Number of eligible employees outside of Michigan		Number of eligible employees covered by an individual health plan			

Definitions are provided on the reverse side of this form with further information on how to calculate the FTE and Eligible counts.

The undersigned individual certifies on behalf of _____ ("Group"), and Group's health plan, the following:

The number of eligible employees choosing no coverage as indicated above are not enrolled in other coverage that the group offers to these employees.

The employee counts provided above are complete and accurate, and Group will maintain records to support such counts and provide any supporting documentation at the request of underwriting.

Print Name	Signature	Title	Date

Please attach this form and the most recently filed Quarterly Wage Detail Report to a Group Size Appeal Support Request submission via OneSource.

We're required under the Affordable Care Act to provide both the number of employees and the number of full-time equivalents. If your group only has full-time employees, both numbers will be the same.

Eligible employee count
Eligible employees are defined as full-time employees with a normal work week of 30 or more hours. You may choose to include those working 17.5 to 30 hours, as long as the eligibility criteria are applied uniformly without regard to health status.

Full-time equivalent employee count
To calculate the full-time equivalent employee count: (using only data from the entire previous calendar year)

1. Determine the number of:
   a. Full-time employees for each month - must work at least 130 hours per month
   b. Full-time equivalent employees for each month - total number of hours worked by non-full-time employees (maximum 120 hours for any employee) divided by 120
2. Add together the number of full-time employees and full-time equivalents.
3. Add the monthly totals together to get the annual total.
4. Divide the annual total by 12. The result is your full-time equivalent employee count.

Employees who have medical coverage under TRICARE or certain Veterans Administration programs are excluded from full-time equivalent employee counts.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
Full-time Employees													
Full-time Equivalent Employees													
Total													Annual total /12 = Full-time equivalent employee count