



Regence BlueShield serves select counties in the state of Washington and is an Independent Licensee of the Blue Cross and Blue Shield Association.

1800 Ninth Avenue  
Seattle WA 98101

Group ID: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

Account Executive: \_\_\_\_\_

### Group Size Certification

In order for Regence BlueShield to issue coverage for a health plan to a small employer group, it is necessary for us to request information so that we can comply with state and federal insurance regulations to determine your group's eligibility. **Please complete and return this form to us no later than 14 days from the date of this form via FAX: 1 (855) 240-6501, or mail to: PO Box 21267, M/S S225, Seattle WA 98111. Please retain a copy for your records.**

Please complete the following (do not use this form to make any changes to your current policy):

1. If you own a business and are applying for or renewing group health insurance, you must have at least one employee enrolled, even if you are also enrolled. This employee may not be your spouse (whether or not also an owner of the business), a partner in a partnership, or a partner's spouse. However, a bona fide partner as defined by law (45 CFR § 146.145(c)(2)) is regarded as an employee for this purpose.

**Will you have at least one employee enrolled as of the effective date of coverage?**

\_\_\_\_\_ **No**                      \_\_\_\_\_ **Yes**

Group size is determined by the average count of the total number of employees who were on your group's payroll and those individuals that were employed by an affiliated company during the previous calendar year. Groups that were not in business during the previous calendar year would base their group size on the current calendar year. (The term "employee" means any individual employed by an employer. Contracted 1099 individuals are not included.)

2. **Employee Count – Please enter the average number of employees that were employed during the previous calendar year (January – December).** This count should include: full-time, part-time, seasonal, and union employees that work inside or outside the state of Washington and employees worldwide from any affiliated company. Remember to include business owners, corporate officers, and partners if they are also employees. Your Employee Count should **not** include **contracted 1099** individuals.

a. **Average number of employees** \_\_\_\_\_

b. **This number represents January - December of** \_\_\_\_\_(YYYY)  
(Note: Cannot be the year in which your group renews.)

3. **Is your company a subsidiary or affiliate of any other company?** \_\_\_\_\_ **No**    \_\_\_\_\_ **Yes**

**If yes, the employee count of your affiliated company must be included in question #2.**

4. **Is your company headquartered outside of the state of Washington?** \_\_\_\_\_ **No**    \_\_\_\_\_ **Yes**

Group Authorized Signature (No producer [agent] signatures)	Signature Date	Official Title
Group Authorized Name	Email Address	