



Health Plans

Employer Eligibility Agent Worksheet

Return all paperwork to:
Health First Health Plans & Insurance
Attn: Commercial Sales/New Group Enrollment
6450 US Hwy. 1, Rockledge, FL 32955

Group name: _____

Broker: _____

Date: _____

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: Does not include 1099 employees. 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 Health First Health Plans & Insurance options for Large Groups.

SECTION B – Employer Classification

How is the business currently organized under Florida Law?

Sole Proprietorship or Partnership

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

If YES, continue to Section C.

Corporation (for-profit, not-for-profit, S Corp., Limited Liability Company/LLC, PC, Government)

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

If NO, the applicant is not eligible for Small Group coverage; please complete a Health First Individual application if desired.

Other (for example Church, Labor Union, Trust)

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

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 the company part of a common ownership or Controlled Group?**

No—Continue to Section D (to be considered a Small Group the applicant must average 50 or less employees, if 50 or less continue to Section D)

Yes—Complete the Common Ownership Form and advise applicant of other Health First Health Plans & Insurance options for Large Groups.

SECTION D – Contribution Requirements

Minimum Employer Contribution Table <i>This is a requirement and not a guideline.</i>	Group Size	Contribution for Employees	Contribution for Dependents
	4–50	50%	0%
	2–3	100%	0%

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

Yes—Continue to Section E

No—If a Small Employer fails to meet the participation and contribution requirements, Health First Health Plans and Insurance will only accept the application from November 15 to December 15 for a January 1 effective date in accordance with 45 C.F.R. §147.104.

SECTION E – Participation Requirements

The minimum participation is 70% for 4–50 employees and 100% for 1–3 employees. This is a requirement and not a guideline. Does the employer meet the minimum participation requirements to be considered for Small Group coverage?

Yes—Continue with the group sales enrollment process.

No—If a Small Employer fails to meet the participation and contribution requirements, Health First Health Plans will only accept the application from November 15 to December 15 for a January 1 effective date in accordance with 45 C.F.R. §147.104.Fh

Signature _____

Date _____

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