

**GENERAL**

- Please answer questions using blue or black ink, in capital letters staying within the provided boxes.
- If additional space is needed at any point while completing the form, please attach additional sheets as necessary.
- Completed forms for small groups may be sent to the following:
  - Email: [annualgroupinformationunivera@univerahealthcare.com](mailto:annualgroupinformationunivera@univerahealthcare.com)
  - Fax: 1-800-457-2777
  - Mail: AGIF Unit  
P.O. Box 40091  
Rochester, NY 14604-9949
- Large groups may send their forms to their sales representatives.

**SECTION ONE: GENERAL GROUP INFO**

2. Group/Business name or DBA name
  - The name by which your group is identified in our system
4. EIN/TIN & SIC Code
  - a. Your Employer Identification Number/Tax Identification Number (EIN/TIN) is a nine-digit number assigned by the Internal Revenue Service (IRS). Your EIN/TIN may be found on your business tax returns.
  - b. A Standard Industrial Classification (SIC) code is a four-digit number which classifies industries. Visit the SIC System Search on the Department of Labor Occupational Safety and Health Administration (OSHA) website for assistance in determining your business's SIC code.
5. Employee Retirement Income Security Act of 1974 (ERISA)
  - In general, ERISA does not cover group health plans established or maintained by governmental entities, churches for their employees, or plans which are maintained solely to comply with applicable workers compensation, unemployment, or disability laws. ERISA also does not cover plans maintained outside the United States primarily for the benefit of nonresident aliens or unfunded excess benefit plans.
  - For more information about ERISA, please refer to the Department of Labor website.
6. Business Physical Street Address
  - The physical location/office to which the covered employees report
7. Headquarters Street Address
  - The main location of the business. The address should be a physical location/office, not an address used solely for billing or mailing purposes.

Disclaimer: Univera Healthcare will not share your personal information with other individuals or organizations without your permission, except as permitted by law.

9. Organization
  - a. Organization Type
    - Select the applicable organization.  
A public library is an example of a Public Entity.
10. List Owners/Partners/Shareholders and Percentage of Ownership
  - Please list all owner names representing up to 100% ownership.
11. Indicate company organization
  - A Stand Alone business manages its own activities and does not depend on a larger entity for financial support.
  - A Parent company owns enough of another entity to control the operations of the other entity.
  - A Subsidiary is a company that is either partly or wholly owned/controlled by another company.
  - A Local Plant/Office/Division is a specific part of a company.  
Example: A company manufactures construction equipment and medical equipment – both at separate locations. The location that manufactures medical equipment is a Local Plant/Office/Division.
12. Commonly owned or related businesses
  - Include parent company, subsidiaries, and any other entities combined for Applicable Large Employer determination.
14. Number of hours per week an employee must work to be eligible for coverage
  - Univera Healthcare does not permit small groups to set minimum hour requirements fewer than 20 hours per week or greater than 40 hours per week. Large groups may set minimum hour requirements between 17.5 and 40 hours per week.
  - A full-time employee must work between 30 and 40 hours per week. A part-time employee must work fewer than 30 hours.
15. Total number of individuals eligible for coverage
  - Include owners, employees and retirees not on a plan specifically for the group's Medicare enrollees. Also include individuals enrolled in COBRA, NYS Continuation and the Young Adult Option.

## SECTION TWO: GROUP SIZE REGULATORY INFO

1. To Verify Market Segment
  - This section is based upon the prior calendar year.
  - These counts must include *all* locations/entities combined for applicable large employer determination.

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## Annual Group Information Form (AGIF)

### -Instructions

- For a startup company, please complete this section using the current calendar year's information. Per 26 U.S. Code § 4980H(c)(2)(C), "In the case of an employer which was not in existence throughout the preceding calendar year, the determination of whether such employer is an applicable large employer shall be based on the average number of employees that it is reasonably expected such employer will employ on business days in the current calendar year."
- Group Size Calculation:

A.	Average full-time employees (30+ hours/ week) employed in the prior calendar year: Note: If this number fluctuates, please add the number of people employed each month of the prior calendar year and then divide the total by twelve to get the average.	
B.	Total number of part-time hours worked by all part-time employees in the prior calendar year:	
C.	Total number of part-time hours worked in the prior calendar year divided by 1,440: (Answer B/1,440) Note: Seasonal employees working fewer than 120 days in the calendar year should be carved out.	
D.	Total full-time employees and full-time equivalents to determine group size: (Answer A + Answer C) Note: Round down to the nearest whole number.	

Enter the value of D in Section 2, Question 1 of the AGIF.

2. For Medical Loss Ratio Reporting Purposes
  - If this number fluctuates, please add the number of people employed each month of the prior calendar year and then divide the total by twelve to get the average.
3. For Medicare Secondary Payer Purposes
  - For information regarding who aggregation of employee counts for affiliated businesses, please refer to Social Security Act §1862 (b)(1)(E)(i).

### SECTION THREE: EMPLOYER CONTRIBUTION TO HSA/HRA

Annual Employer Contribution to a Health Savings Account/Health Reimbursement Account

- Please complete columns for *all* tiers, even if a tier does not currently apply to any employees.
- Common Class names may be indicated as using the following codes:

A001	A002	A003	A004	A005	A006	A007	A008	A009	R001	R002
All Active Employees	Hourly	Salaried	Management	Non-Management	Union	Non-Union	Full-Time	Part-Time	Retired Non-Medicare Eligible	Retired Medicare Eligible

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### -Instructions

➤ Example

A group with a single subgroup covers both Management and Non-Management employees and offers 1 Bronze High Deductible Health Plan. The employer contributes \$0 towards premiums, but contributes towards a Health Savings Account. For subscriber-only coverage, the employer contributes \$6,000 annually to Management and \$3,000 to Non-Management. If the employee has any dependents, the employer contributes an additional \$6,000 towards Management (a total of \$12,000) and \$3,000 towards Non-Management (a total of \$6,000). The group would complete the contribution table in the following way:

Product Type	Product Name	Subgroup Number	Class Name	Type		Please list percentage or annual dollar amount contributed for all tiers			
				\$	%	Employee	w/Spouse	w/Child(ren)	Family
<input checked="" type="checkbox"/> HSA <input type="checkbox"/> HRA	Bronze 1		A004	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6,000	12,000	12,000	12,000
<input checked="" type="checkbox"/> HSA <input type="checkbox"/> HRA	Bronze 1		A005	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3,000	6,000	6,000	6,000

### SIGNATURE

- The individual signing the form must be a representative of the group who is authorized to make health insurance decisions on behalf of the business.

### SUPPLEMENTARY DENTAL FORM: DENTAL GROUP ELIGIBILITY INFO

1. Dental Participation Calculation
  - A. Include any employees, owners, shareholders, etc. offered health insurance coverage, even if they waive coverage.
  - B. Include all retirees who are eligible to enroll in coverage.
  - E. A valid waiver is complete and lists an acceptable reason for waiving (e.g., covered through spouse). Examples of invalid reasons include "Don't want" and "Can't afford".
  - G. Enter the total number of eligible individuals enrolling in the group dental plan. This is number of contracts. If one eligible employee enrolls as the dependent of another eligible employee, count them as 1.

### SUPPLEMENTARY DENTAL FORM: EMPLOYER CONTRIBUTION TO DENTAL

- Please provide monthly employer contribution to dental premiums.  
 ➤ See Section Three instructions for a list of common class names.

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