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Employer Size Verification

Please use this form to inform us of a change in the number of persons employed by your company when such a change may affect your employer size or status for COBRA, Medicare, or market segment classification – small or large – regardless of whether an employee is covered by HMAA. For COBRA and Medicare purposes, your company’s UC-B6 or Quarterly Wage Report is **required**. We reserve the right to request other supporting documentation.

For information about determining employer size, you may refer to the following:

- COBRA Continuation of Coverage – www.dol.gov/ebsa
- Medicare Coordination of Benefits – www.cms.gov
- Group Market Segment – www.irs.gov/affordable-care-act/employers and <https://cca.hawaii.gov/ins/faqs-2/hawaii-employers-faqs/hawaii-large-employerlarge-business-faqs/>.

Due to the complexity of determining your group size in accordance with the Affordable Care Act, Internal Revenue Code, COBRA, Medicare, and Hawaii State laws and regulations, please consult with your legal expert or other advisor to determine how the rules apply to your company.

Group Information		
Group Name	Policy #	Division # (if applicable)
Additional HMAA Group Policy #s associated with this verification (if any)		
Name of Contact Person	Phone (include area code)	Fax (include area code)
Email Address		

Employer Size	
<i>Include employees using the appropriate guidelines, regardless of whether they are covered by HMAA</i>	
COBRA Continuation of Coverage – attach your company’s UC-B6 or Quarterly Wage Report for the preceding year	
Number of FTEs for at least 6 months of the preceding calendar year: <input type="radio"/> 19 or fewer <input type="radio"/> 20 or more	
Medicare Coordination of Benefits – attach your company’s UC-B6 or Quarterly Wage Report for the current or preceding year	
Number of employees in the current or preceding calendar year: <input type="radio"/> 19 or fewer <input type="radio"/> 20 or more	
Market Segment	
Number of FTEs in the preceding calendar year: <input type="radio"/> 50 or fewer <input type="radio"/> 51 to 99 <input type="radio"/> 100 or more	

Certification & Acknowledgement

By my signature below, I certify the information contained in this form is complete, true, and accurate; and acknowledge that HMAA reserves the right to request and obtain documents verifying the above information.

Signature of Authorized Individual

Title

Print Name

Date Signed (mm/dd/yy)

Please return this completed form to HMAA by mail, fax, or online at hmaa.com/groupinfo.

If you email us, please send securely. HMAA is not responsible for the security or confidentiality of communications you send by email.