

## Small Group - Employer Eligibility Agent Worksheet

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total	Average (Total ÷ 12
Full-Time														
Part-Time														
Seasonal														
Total														
	ntinue t e applic ge group Employe	ant is not is no	ot eligib				-				of other	Florida	Health Care	Plan options
_ Sole Prop _ Corporati	orietorsh on (for-	iip profit, no	Partners ot-for-pro	ship ofit, SC	_ Other	(examp	les: Chu	rch, Lab	or Unior	, Trust)	vernmer	nt)		
If Sole P Is at leas Yes, c	t one en	nployee to Secti	issued a	a W-2 fo		•	•		•				Care Plan a	p
No	ontinue at least s, contin o, the ap	to Secti one em nue to S	on C ployee i ection C is not eli	ssued a	W-2 forr	n that is	-			-		lorida B	lue /Florida B	Blue HMO
	t one en ontinue ou are n	to Secti	on C			age; ple	ase con	nplete ai	n individ	ual Flori	da Heal	th Care I	Plan applicat	ion if
Section C - The Health I Subsection (	nsuranc	e Portab	ility and	Accour	tability /	Act of 19	96 ("HIF	PAA") sta ode of 1	ates that 986 sha	all pers Il be trea	ons trea ated as c	ted as a	single emplo loyer.	yer under
Yes, F option	dvise ap lease co s for la	plicant complete	of other the Con the Con ps.	Florida I nmon O	Blue plar wnership	options Form.	s for larg Continue	ge group e to Sec	tion D a	-	-		Florida Health	-
Section D -	Contrib	ution R	equirem	nents							Group S		mployoos	Dopondonte
Minimum Employer Contribution Table, this is a requirement and not a guideline:										4 – 50		mployees 50%	Dependents 0%	
Does the applicant meet the minimum employer contribution considered for Small Group Coverage?						on requ	uiremen	ts to be	⊢	4 - 50		100%	0%	
_ Yes, cont _ No, If a S	inue to mall Gro	Section I	E oloyer fai	ils to me	et the p 12/15 fc	articipat or a Janu	ion and lary 1 ef	contribu fective d	tion req ate in ac	L uiremer cordan	nts, Flori	da Healt	h Care Plans § 147.104.	
Section E - The minimur					o for 4-50	and 10	0% for 1	-3. This i	s a requ	irement	and not	a guidel	ine.	
_ Yes, cont	inue wit mall Em	h the gro ployer fa	oup sale ails to m	s enrollr eet the	nent pro	cess tion and	d contrib	ution re	quireme	nts, Floi	rida Hea	Ith Care	Coverage? Plans will on	ly accept the
					B/A Florida									

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