

For each employee listed, include on your Quarterly Wage Detail Report the following designation for their status:

FT= Full time
PT= Part time
NH= New hire
R= Retiree

SEAS= Seasonal
TERM= Terminated
C= Cobra
OWN= Owner

How to check your totals on the form:

Add the 6 boxes marked A-F
Add the 2 boxes marked G & H
These two totals should equal each other

RATE RENEWAL CERTIFICATION INFORMATION AND DEFINITIONS

ELIGIBLE EMPLOYEES ARE DEFINED AS FULL-TIME EMPLOYEES WITH A NORMAL WORKWEEK OF 30 OR MORE HOURS. AS A PART OF THE TOTAL NUMBER OF ELIGIBLE EMPLOYEES, YOU MAY CHOOSE TO INCLUDE THOSE WORKING 17.5 TO 30 HOURS AS LONG AS THE ELIGIBILITY CRITERION IS APPLIED UNIFORMLY WITHOUT REGARD TO HEALTH STATUS-RELATED FACTORS.

The numbers preceding the definitions below correspond to the line number on the form where the term will be used.

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| Eligible employees in Michigan | These are employees working at a location within Michigan. |
| Eligible employees outside of MI | These are employees working at a location in a state other than Michigan. |
| 2 Medical contracts | "Medical contracts" are those that cover hospital and physician claims and should be counted as enrolled actives, COBRA or retiree. Plans covering ONLY dental, vision and drugs should NOT be counted. |
| 2 Actives enrolled | "Actives enrolled" are full-time employees with medical coverage (they must meet the definition of "eligible employee" above). |
| 2. Enrolled retirees | These are persons previously employed by your company, but who are now retired and have retained their company-sponsored health insurance benefits. |
| 2 Enrolled COBRA | These are former employees retaining company health insurance benefits through the Consolidated Omnibus Budget Reconciliation Act (COBRA). |
| 3 Collective bargaining agreement | This is an agreement negotiated between a union and an employer that specifies such items as wages, hours and benefits including health insurance. |
| 4 Employees not seeking or offered coverage | This group is composed of employees who are not enrolled in any group-sponsored health plan, or who choose to waive the offered coverage. |
| 4 Employees with other coverage | These are employees who may not be enrolled because they have coverage through a spouse, through another employer or through a prior retirement plan. |
| 5. Self-funded | A self-funded plan is one in which the group accepts the risk of its health insurance program by paying its own claims with the assistance of a plan administrator. You only need to supply this information if you self-fund your medical plan. |
| 5 Plan administrator | This is the third party responsible for administering a self funded Medical plan. |
| 6 Monthly contribution for BCN members | This line is ONLY for companies that offer BCN coverage to employees. Enter the monthly amount in dollars and cents the company contributes toward an employee's contract and the percentage of the total monthly peremium that amount represents. |

PLEASE RETURN THE FORM ALONG WITH YOUR MOST RECENT COMPLETED QUARTERLY WAGE DETAIL REPORT IN THE ENCLOSED POSTAGE PAID ENVELOPE