

Group size questionnaire to determine order of Medicare benefits

Please return completed form to PHPMADCMsmailling@providence.org

1. Did you employ 20 or more employees (full-time, part-time, seasonal, or union members) at any time during the prior calendar year?

Yes

No

2. If you answered “Yes” to question 1. How many weeks during the prior calendar year did you employ 20 or more employees (these do not have to be consecutive weeks)?

If you did not have 20 or more employees for 20 or more weeks in the prior year, skip question 3. Please sign and return this form to the email box above.

Determining order of benefits for disabled individuals

3. Did you employ 100 or more employees (full-time or part-time) on 50 percent or more of your business days during the prior calendar year?

Yes

No

Group Name: _____

Group Number: _____

Signature: _____

Date Completed: _____



Group size Questionnaire for Oregon Continuation/COBRA

Determining group size for Oregon Continuation/COBRA

Did you employ 20 or more employees on 50% of the business days in the prior calendar year?

Yes

No

Please note, both full-time and part-time employees are counted. However, each part-time employee counts as a fraction of an employee, with the fraction equal to the number of hours that the part-time employee worked divided by the hours an employee must work to be considered full time.

If you answered **Yes**, your group is subject to COBRA as of January 1.

If you answered **No**, your group is subject to Oregon Continuation as of January 1.

Group Name: _____

Group Number: _____

Signature: _____

Date Completed: _____

For additional information please refer to the [IRS regulation §54.4980B-2](#)