



UnitedHealthcare  
P.O. Box 30513  
Salt Lake City, UT 84130-0513

[Run Date]

[Name]  
[Street Address 1]  
[Street Address 2]  
[City], [State] [ZIP]

**Employer Information Form  
Legally Required Annual Group Size Request**

**Dear Group Plan Administrator,**

We need your help! In order to make sure your group health plan is receiving the most economical and benefit rich product, it is **critical** that you provide us with the employee size of your group. Our goal is to ensure that your group information is current and accurate so your group is best able to maximize your healthcare benefits. We greatly appreciate your help in obtaining this information.

As you may be aware, the Affordable Care Act is expanding the definition of the “small employer group” to include 1 to 100 employees for plan years beginning on January 1, 2016. (This is a change from 1 to 50 employees.) Each state uses different counting methods, so please see the attached and provide the counts requested.

Please note:

- If your number of employees is 100 or below, your group may be considered a small group subject to small group rating structure and product selection.
- If your number of employees is 101 or above, your group may be considered a large group subject to large group rating structure and product selection.
- Medical Loss Ratio Rebates Calculation.

**What we need to know:**

- The average total number of employees (used for medical loss ratio)
- The number of eligible employees (used in some states to determine small versus large group); and
- The number of full-time equivalent employees in your group (used in some states to determine small versus large group and in all states for on-exchange SHOP business)

Please note your answers will not impact eligibility or participation requirements.

Inside, you will find directions on how to report employee count information to us online. If you prefer to send this information by mail, please use the included Employer Information Form.

**Within 30 days please:**

**Go to <http://go.uhc.com/mlr/> and enter the Access Code below to report your employee numbers. (6 digit numeric): [Access Code]**

Thank you for your help by responding to this letter. Please contact your broker or UnitedHealthcare representative to answer any questions or call Broker/Employer customer service at [Phone Number].

Sincerely,

[Signature]  
[Survey ID]

[Run Date]

[Platform Code]