



Regence BlueCross BlueShield of Utah is an independent
Licensee of the Blue Cross and Blue Shield Association

Information Required to Comply with the Affordable Care Act

Average Number of Employees Request Form

Regulations under the Affordable Care Act (ACA) require that Regence, and all health insurers, acquire and maintain annual information on the average number of individuals employed with groups we serve. On October 18 the attached letter along with the Average Number of Employees Request Form will be mailed to all groups with 2-50 enrolled, asking them to provide the required information. Groups should be encouraged to return the completed form as quickly as possible.

In order to calculate this information for use under the ACA, we have been advised to use the following formula to determine the average number of employees for a specific calendar year:

Total number of employees for each month (January through December) added together \div 12.

The employee count should include employees from any affiliated company, business owners, corporate officers, full-time employees, part-time employees, partners, seasonal workers, union employees and employees that work outside of the specific state. If your client is a new company, they will need to provide the average number of employees for the current calendar year based on the total number of employees for each month the group has operated this year divided by the number of months the group has operated this year.

Please note that we must collect this information whether or not the group carried Regence insurance in the year the request is made.

Thank you for any assistance you can provide to ensure timely return of the Average Number of Employees Request Form.

Please contact 1-800-289-2132 if you have any questions.



P.O. Box 30270
Salt Lake City, UT 84130-0270

October 12, 2011

GROUP NAME HERE
1234 MAIN ST
ANYTOWN UT 84721-1684

Re: Required Affordable Care Act (ACA) Information

Dear Group Name Here,

As a result of the ACA regulations governing health plans, [Regence BlueCross BlueShield of Utah](#) and all health insurers are required to acquire and maintain annual information on the average number of individuals employed by the employer groups we serve. We are asking for your assistance in providing [Regence](#) with this information by completing the form on the back of this letter and returning it to the fax number indicated on the form within seven days of receipt. This is one of several data requirements that we need to collect and document to be compliant with health care reform.

In order to calculate this information for use under the ACA, we have been advised to use the following formula to determine the average number of employees for **2010**: total number of employees for each month (January through December) added together and divided by twelve. Please note that we must collect this information for **2010** whether or not the group carried [Regence](#) insurance in **2010**.

The employee count should include employees from any affiliated company, business owners, corporate officers, full-time employees, part-time employees, partners, seasonal workers, union employees and employees that work outside of the state of [Utah](#). If your employer group is new this year, please provide the average number of employees for the current calendar year based on the total number of employees for each month the group has operated this year divided by the number of months the group has operated this year.

Please complete the average number of employees request form on the back of this letter and fax it to 1 (855) 854-4576 within seven days of the receipt date of this letter. Please contact 1 (800) 289-2132 if you have any questions.

Sincerely,

Joanne Gholston
VP of Customer Service
Regence BlueCross BlueShield of Utah



P.O. Box 30270
Salt Lake City, UT 84130-0270

Average Number of Employees Request Form

Group Name: Group Name Here

Group Number: 99999999

Average Number of Employees for 2010: _____

Group Administrator Name: _____

Group Administrator Phone: _____

Group Administrator E-mail Address: _____

I, _____, (Employer) do hereby certify that the information provided above is accurate.

Employer Signature

Print Name

Please complete this form and fax it to 1 (855) 854-4576 within seven days of receipt.