



Account Name: _____
 Account Number: _____
 Renewal Date: _____
 Date Completed: _____

PARTICIPATION PERCENTAGE WORKSHEET

A1: Active, full-time employees **A1** _____

A2: Active, part-time employees—if eligible for employer contribution at same level as active, full-time employees. **A2** _____

A3: Officers, directors, and owners—if they engage in the daily operation of the business and receive a salary..... **A3** _____

A4: Retired employees—if such retirees were covered as active employees by the employer, and such retirees satisfy the employer's written requirements (*e.g., age and service requirements*) for health benefits..... **A4** _____

A5: Disabled employees—if eligible for employer contribution at same level as active, full-time employees, and such employees satisfy employer's written requirements for health benefits. **A5** _____

Add: The number of employees from each of the categories A1 through A5, as applicable to your groups. **Subtotal A:** _____

B1: Those who have not satisfied your eligibility waiting period (*if any*). **B1** _____

B2: The total number of your employees and retirees currently insured through a spouse's employer, but not covered under your plan..... **B2** _____

Add: The number of employees from each of the categories B1 and B2 as applicable to your group. **Subtotal B:** _____

Subtract: Enter at "C" for the total number of eligible employees (A minus B). **Subtotal C:** _____

D: The total number of employees and retirees currently insured by your group's Highmark DE coverage. (*Do not count employees with only dental coverage or COBRAS*). **Subtotal D:** _____

Divide: "D" (the number currently insured) by "C" (total number of eligible). **"D" divided by "C":** _____

Equals: "E" = Participation Percentage **"E" equals:** _____

COBRA: For Highmark DE records only, insert the number of former employees and dependents retained in the group as contract holders according to COBRA regulations, if applicable: _____

 Highmark DE Marketing Representative

 Authorized Account Signature

 Type or Print Name