

# Employee Count Form

Please use these definitions to determine whether your business is considered small or large market.

**Employees:** All individuals employed by your business, including full-time, part-time, and seasonal employees

**Employee count:** Average total number of all employees your business employed on business days during the preceding calendar year. Calculate this by adding the total for each month and dividing by 12. Please round up or down to the nearest whole number.

**Example:** Add the total numbers for each month (392). Then divide by 12 to obtain the final employee count (32.67). Round to the nearest whole number (33).

	January	February	March	April	May	June	July	August	September	October	November	December	Total	Average
Full-Time Employees	10	12	14	16	22	27	31	18	25	36	17	18	246	
Part-Time Employees	1	2	1	2	1	3	3	2	3	1	2	1	22	
Seasonal Employees	1	1	0	0	0	1	1	1	1	33	45	40	124	
<b>TOTAL</b>	12	15	15	18	23	31	35	21	29	70	64	59	392	33

Now, complete this chart based on the number of employees during the **preceding calendar year**:

	January	February	March	April	May	June	July	August	September	October	November	December	Total	Average
Full-Time Employees														
Part-Time Employees														
Seasonal Employees														
<b>TOTAL</b>														

Please provide the information below to complete the employee count. By signing below, you are certifying that: (1) you are an authorized representative of the plan(s) for which this information is being provided; (2) the information provided in this form is true and correct; and (3) UPMC Health Plan may rely upon this information to comply with the requirements set forth by the Affordable Care Act.

Name:  
 Title:  
 Group number (if applicable):  
 Company name:  
 Company address:  
 Signature:  
 Date:

**Disclaimer:** This form is provided only as a courtesy to assist UPMC Health Plan's group health plan clients in reporting their average number of employees to UPMC Health Plan for market classification purposes. This form, including the results derived from its use, should not be used or relied upon for any other purpose, including but not limited to any tax or employer/plan sponsor-related reporting. In using this form, the employer explicitly assumes any and all liability for its use, and agrees to hold UPMC Health Plan harmless for any damages resulting from use of or reliance on this form. Applicable counting methods for market classification purposes are subject to change without notice.