Medicare Section 111 Required Group Info
FORM

StayWell INSURANCE

Employer/Group Name:
Employer Identification Number (EIN):

		Yes	No
1.	*Do you have fewer than 20 total employees for each working day in each of the 20 or more calendar weeks in the current or preceding calendar year? The 20 calendar weeks need not be consecutive.*		
2.	*Do you have 20 or more total employees for each working day in each of the 20 or more calendar weeks in the current or preceding calendar year? The 20 calendar weeks need not be consecutive. If yes, you must answer question #3.*		
3.	*Do you have 100 or more total employees on 50 percent or more of your business days during the previous calendar year?*		
4.	*If the 20 or 100 employee level was reached during the year, as of what date did you have 20 or 100 employees for the number of weeks/days required in question 2 or 3 above?*		

Please submit this form with your acceptance of a StayWell Group Health Plan.

520 Route 8 Maite, Guam 96910