



EmblemHealth®

55 Water Street, New York, New York 10041-8190

Important Request for Information About Your Group

<<Date>>

<<Name>>
<<Employer Info>>
<<Address>>
<<City>>, <<State>> <<ZIP>>

RE: <<Group# - Group ID Group Name>>

Dear <<Employer Contact>>:

We'd like to help you keep your group's health coverage costs as low as possible. To do this, however, we need some information from you. By simply confirming for us the number of employees in your group, you can help us determine whether your group qualifies for a rebate for your 2011 or 2012 premiums. Here's why.

By law, insurers must spend most of the premiums they receive on medical care and activities that improve quality. The federal Affordable Care Act sets rules on how much of their revenue insurers must spend on these costs each year. If our costs are lower than the minimum required to be spent on medical care, the rebate amount would be based in part on the size of your group.

What Information Are We Asking For?

Each year, we need to know the *average* number of employees in each of our groups — including those employees not covered by EmblemHealth — and provide that information to the federal government.* In addition, New York State law requires that we track the number of employees that are eligible for health insurance to determine if a group is considered small or large. This is a factor in determining how we calculate your health insurance rates.

To help us submit accurate information to the government, we ask that you complete all questions on the other side of this letter regarding your number of employees during the previous two years — 2010 and 2011 — even if your coverage has ended since then. Please mail your completed questionnaire using the enclosed postage-paid envelope to: The Rawlings Company, PO Box 2000, LaGrange, KY 40031-8100. If you prefer, you may fax it to: **1-866-955-6681**.

Please make sure your response is received by The Rawlings Company **no later than April 15, 2012**. Otherwise, we will have to use the information we currently have on file about the number of employees in your group.

If you have questions or need help completing the questionnaire, you may speak with a Rawlings Customer Service Representative at **1-888-367-2580**, Monday through Friday, from 8:30 am to 5 pm. If you'd like more information, please visit the CMS Web site: <http://cciio.cms.gov/programs/marketreforms/mlr/index.html>.

Thank you very much for your assistance.

Sincerely,

Marilyn DeQuatro
Senior Vice President
Customer Service Division

Les M. Pollitt
Client Services Manager
The Rawlings Company

* The law defines the number of employees as "the average number of employees employed by the employer's company during the preceding calendar year." It defines an employee as any person for whom the company issues a W-2. This includes full-time, part-time and seasonal workers. It does not matter if the employee was eligible for your medical plan or covered by EmblemHealth during this time.

Please see other side



Group Number _____

Group Name _____

Employer Group Tax Identification (EIN) Number ____ - ____ - ____ - ____ - ____ - ____

Number of Employees	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Avg.
2010					
2011					

This information appears on your quarterly 941 tax filings.

Please include **all** W-2 employees — full time, part time and seasonal — even those who may not be eligible for health insurance.

Current Number of Eligible Employees _____

(Please include all employees who are eligible for health insurance. The number of eligible employees may be different than the number of employees (e.g., number of eligible employees may exclude part-time employees, employees working in out-of-state locations, union employees covered under a separate health insurance contract, etc.)

Please note any changes to the Employer Group Address and Contact Information, including e-mail address.

Name of person completing form *(Please print)*

Phone number

Title of person completing form *(Please print)*

Date form completed