



## Seasonal Industry Eligible Employee Definition and Contribution Agreement Form (Minnesota)

Small Employer reform defines “employee” as follows: *Employee* means an individual employed for at least 20 hours per week and includes a sole proprietor or a partner of a partnership, if the sole proprietor or partner is included under a health benefit plan of the employer, but does not include individuals who work on a temporary, seasonal, or substitute basis. “Employee” also includes a retiree or handicapped former employee required to be covered under section 62A.147 and 62A.148

HealthPartners policy defining an “eligible” employee is as follows:

- An employee who works a minimum of 20 hours per week
- An employee who is hired to work a minimum of 9 months each year with a maximum lay-off period of 3 months each year
- The employee is expected to return to work on the first business day after the lay-off period ends.
- The employer must agree to make employer contributions toward the health plan premiums for each employee throughout the 12 months of the year.

An affidavit has been developed for the employer to complete for each employee that is scheduled to work a minimum of 9-months with a maximum 3-month lay-off period. Signing of the affidavit is an agreement by the employer to continue premiums for each of these employees throughout the 12 months of the year. The title of this form is: “Small Employer Contribution Agreement”



## Small Employer Contribution Agreement

This form is specifically for employers who wish to offer health coverage to their employees who are scheduled to work a minimum of 9 months, with a maximum lay-off period of 3 months. Small Employer Law requires employers to contribute at least 50% towards the cost of coverage of each eligible employee. Completion of this form is your agreement as the employer to continue premium contributions for each employee during the 3-month lay-off period.

**Company Name** \_\_\_\_\_

1. Due to the nature of my company's business, the noted employees have been hired to work a minimum of 9 months each year with a maximum lay-off period of 3 months.
2. The employees are expected to return to work on the first business day after the lay-off period ends.
3. As the employer, I agree to pay insurance premiums for these employees throughout the 12 months of the year.

<b>Employee Name</b>	<b>Hire Date</b>
_____	_____
_____	_____
_____	_____
_____	_____

Under penalty of law, I certify the above information is true and accurate.

\_\_\_\_\_  
**CEO/Owner/Authorized Company Representative Printed Name**

\_\_\_\_\_  
**CEO/Owner/Authorized Company Representative Signature**

\_\_\_\_\_  
**Date**