



The Affordable Care Act (ACA) established Medical Loss Ratio (MLR) standards for health insurers. Generally, the MLR is the percentage of earned premiums that the insurer spends on health care services and quality improvement activities. If the insurer's MLR is less than the ACA's MLR standards for a group market in the state, the insurer may be required to provide premium rebates in that market. The ACA requires that Blue Cross and Blue Shield of Montana (BCBSMT) report annually whether coverage it issues in the individual, small group or large group markets in Montana meet MLR standards. Your assistance is needed to classify your coverage for each MLR reporting year. You can provide the required information by logging into your **Blue Access for EmployersSM (BAESM)** account and selecting the Regulatory Data link, or you can complete, sign, and return this form to the email address, fax number or address below. **Please complete at your earliest opportunity.**

For purposes of this form and reporting employer size below:

- An employee is "any individual employed by an employer." This includes full-time, part-time, and seasonal employees.
- Employers treated as a single employer under Internal Revenue Code Section 414(b), (c), (m) or (o), should complete this form as if they are a single employer.
- If your company is wholly owned by an individual (or an individual and his/her spouse), do not include the individual and his/her spouse in your response below.
- Partners in a partnership should not be counted as employees.

Employer Size Please provide the following information for 1 or 2 (as applicable):

1	What is the average number of employees that your company employed on business days during the preceding (2022) calendar year?	
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OR

2	If your company did not exist throughout the preceding (2022) calendar year, what is the average number of employees that your company is reasonably expected to employ on business days in the current (2023) calendar year?	
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I, the undersigned, am a duly authorized representative of the company and represent that the information I have provided is true, correct and complete.

Company Name:	
Account Number:	
Your Full Name (print):	
Signature:	
Your Title:	
Date:	
Email address:	

For general questions about this request or the form, please call 855-804-3635, Monday through Friday, 7 a.m. to 5 p.m. MT. For BAE technical questions, please contact the BAE help desk at 888-706-0583, Monday through Friday, 6 a.m. to 9 p.m. MT, or Saturday, 6 a.m. to 2:30 p.m. MT. Regardless if your insurance has changed to another carrier, we ask that you provide this information.

If you are not the Delegated Administrator, the Alternate Delegated Administrator or General Agent for your group's BAE site, you cannot access the Regulatory Data Collection link, please forward this message to the appropriate person in your company.

If you are **not** completing this information directly in BAE, please email the completed form to data_collection@bcbsil.com, or fax to 312-233-4244, or mail to:

BCBSMT: Data Collection, Standard Market Services, 8th Floor, Bldg B, 1001 E. Lookout Dr, Richardson, TX 75082