

EMPLOYER COVERAGE TOOL

Print or download this tool to gather answers about any employer health coverage that you're eligible for (even if it's from another person's job, like a parent or spouse). You'll need this information to complete your Marketplace application, even if you don't accept the employer insurance you're eligible for. **Write your name and Social Security Number (SSN) in boxes 1 and 2 and ask the employer to fill out the rest of the form. Complete one tool for each employer that offers health coverage that you're eligible for.**

EMPLOYEE information

The **employee** needs to fill out this section.

1. Employee name (First, Middle, Last)	2. Employee SSN
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

EMPLOYER information

Ask the **employer** for this information.

3. Employer name	4. Employer Identification Number (EIN)	
<input type="text"/>	<input type="text"/> - <input type="text"/>	
5. Employer address (the Marketplace will send notices to this address)	6. Employer phone number	
<input type="text"/>	(<input type="text"/>) <input type="text"/> - <input type="text"/>	
7. City	8. State	9. ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Who can we contact about employee health coverage at this job?		
<input type="text"/>		
11. Phone number (if different from above)	12. Email address	
(<input type="text"/>) <input type="text"/> - <input type="text"/>	<input type="text"/>	

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

- YES** (Go to question 13a.) **NO** (STOP and return this form to employee.)

13a. If the employee isn't eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? (mm/dd/yyyy)

/ / (Go to the next question.)

Tell us about the health plan offered by this employer.

Does the employer offer a health plan that covers an employee's spouse or dependent(s)?

- YES**. Which people? Spouse Dependent(s)
 NO

(Go to question 14.)

14. Does the employer offer a health plan that meets the minimum value standard*?

- YES** (Go to question 15.) **NO** (STOP and return this form to employee.)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has a tobacco cessation program, provide the premium amount that the employee would pay if they got the maximum discount for completing it.

a. How much would the employee have to pay in premiums for this plan? \$

b. How often? Weekly Every 2 weeks Twice a month Once a month Quarterly Yearly (Go to next question.)

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return this form to employee.

16. What change will the employer make for the new plan year?

- Employer won't offer health coverage.
 Employer will start offering health coverage to employees or change the premium for the lowest-cost plan that meets the minimum value standard* and is available to the employee only. (Premium should reflect the discount for wellness programs. See question 15.)

a. How much will the employee have to pay in premiums for that plan? \$

b. How often? Weekly Every 2 weeks Twice a month Once a month Quarterly Yearly

c. Date of change: (mm/dd/yyyy) / /

*An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986). Most health plans offered by employers meet the minimum value standard.