

SHOP Employer Eligibility Appeal Request

- Submit this form **within 90 days** of the date on the Small Business Health Options Program (SHOP) eligibility determination you're appealing.
- Tell us who we should contact about your appeal (Step 1), why you're appealing (Step 2) and about your business (Step 3).
- Sign your form (Step 5).

STEP 1 Contact information

Primary Contact

The person listed in this section will serve as the main contact during your appeal.

First name:

Last name:

Title:

Daytime phone number:

Email:

Business Name:

Employer ID Number (EIN)

Mailing address:

Apartment or suite number:

City:

State:

Zip Code:

Secondary Contact (Optional)

This is an additional person who may act on your behalf during the appeal.

First name:

Last name:

Title:

Daytime phone number:

Email:

Mailing address:

Apartment or suite number:

City:

State:

ZIP code:

STEP 2 Reason for the appeal

Date of email with your SHOP eligibility results (mm/dd/yyyy):

What SHOP Marketplace decision(s) are you appealing?

The SHOP Marketplace said my small business isn't eligible to participate.

The SHOP Marketplace didn't make an eligibility determination in a timely manner.

Explain why you think the SHOP Marketplace decision is wrong.

STEP 3 Information about your business

To help us process your appeal as quickly as possible, answer the questions below about your business.

1. **Does your business have 50 or fewer full-time employees or full-time equivalent (FTE) employees?** For more information about how to calculate FTEs, visit [HealthCare.gov/shop-calculators-fte/](https://www.healthcare.gov/shop-calculators-fte/).

Yes No

2. **Does your business have at least one (1) employee who isn't the owner, a business partner, or the spouse of an owner or business partner?**

Yes No

3. **Are all full-time employees offered SHOP coverage?**

Yes No

4. **In what state did your business apply for SHOP coverage?**

Enter state:

STEP 4 Submit documents to help your appeal (optional)

You may want to submit documents with your request to help show why you think the SHOP Marketplace decision was incorrect. Submit any documents you think will help your case. This could be things like the notice from the SHOP Marketplace, documents showing the number of employees the business has or documents about the number of employees who are offered SHOP coverage.

Important: Submit copies, not originals, since your documents won't be returned.

STEP 5 Signature

Sign below to confirm that the information provided in this form is true and correct to the best of your knowledge and to confirm you understand that the information in this form is being submitted under the penalty of perjury. This means that you may be subject to penalties under federal law if you intentionally provide false or untrue information.

Printed name (First name, Last name)

Signature

Date (mm/dd/yyyy)

STEP 6 How to submit your appeal

Sign the completed form and send your documents either:

- **By Mail:** SHOP Marketplace Appeals
Health Insurance Marketplace
465 Industrial Blvd.
London KY 40750-0061
- **By Secure Fax:** 1-877-369-0131

We'll send you a notice letting you know we got your appeal request and giving more information about the appeal process within 7-10 days.

For More Help

If you have questions about your appeal call the Marketplace Appeals Center at 1-855-231-1751. TTY users can call 711. Hours of operation are Monday through Friday, 7:00 a.m. to 8:30 p.m. Eastern Time (ET).

Privacy & Use of Your Information

The Marketplace protects the privacy and security of information about you that you've provided. To view the Privacy Act Statement, go to [HealthCare.gov/individual-privacy-act-statement](https://www.healthcare.gov/individual-privacy-act-statement). We're authorized to collect the information on this form and any supporting documentation, including Social Security numbers, under the Patient Protection and Affordable Care Act (Public Law No. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law No. 111-152), implementing regulations in 45 CFR part 155, subpart F, and the Social Security Act. For more information about the privacy and security of your information, visit [HealthCare.gov/privacy](https://www.healthcare.gov/privacy).

Nondiscrimination

The Health Insurance Marketplace doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex (including sexual orientation and gender identity), or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800-368-1019 (TTY: 1-800-537-7697), visiting [hhs.gov/ocr/civilrights/complaints](https://www.hhs.gov/ocr/civilrights/complaints), or writing to the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201.

Accessibility

You have the right to get Marketplace information in an accessible format, like large print, braille, or audio. Call the Marketplace Appeals Center at 1-855-231-1751 for more information. TTY users can call 711.

Language Assistance

If you need help in a language other than English, call 1-855-231-1751 and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users can call 711.

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This Notice has Important Information. This notice has important information about your Marketplace eligibility appeal. Look for key dates in this notice. You may need to take action by certain deadlines. You have the right to get this information and help in your language at no cost. Call 1-855-231-1751 and tell the agent the language you need and you'll be connected with an interpreter.

العربية (Arabic) هذا الإشعار به معلومات هامة. هذا المعلومات به معلومات هامة عن جاذبيتك للأهلية في السوق. ابحث عن التواريخ الأساسية في هذا الإشعار. قد تحتاج إلى اتخاذ إجراء بحلول مواعيد نهائية معينة. لديك الحق في الحصول على هذا المعلومات والمساعدة بلغتك دون تكلفة. اتصل برقم 1-855-231-1751 وأخبر المندوب باللغة التي تحتاجها وسيتم الاتصال بك بحضور مترجم.

中文 (Chinese) 本通知包含重要資訊。 本通知包含與您的 Marketplace 資格申訴相關的重要信息。請在此通知中查找關鍵日期。您可能需要在一定的截止日期前採取行動。您有權免費獲取此資訊以及以您的語言提供的幫助。請致電 1-855-231-1751 並將您所需要的語言告訴代理，會有譯員與您聯絡。

Français (French) Cet avis contient des informations importantes. Cet avis contient des informations importantes sur l'appel que vous avez fait au sujet de votre admissibilité au Marché de l'assurance santé. Vérifiez les dates clés dans cet avis. Il se peut que vous ayez des démarches à entreprendre avant certaines dates. Vous pouvez obtenir ces informations ainsi que de l'aide dans votre langue gratuitement. Appelez le 1-855-231-1751 et dites à l'agent la langue souhaitée, on vous mettra alors en contact avec un(e) interprète.

Kreyòl (French Creole) Avi sa a gen Enfòmasyon Enpòtan ladan. Avi sa a gen enfòmasyon enpòtan ladan konsènan kontestasyon kalifikasyon pou Mache ou a. Chèche dat kle yo ki nan avi sa a. Ou ka bezwen aji avan sèten dat limit. Ou gen dwa pou jwenn enfòmasyon sa a ak èd nan lang ou gratis. Rele 1-855-231-1751 epi di ajan an ki lang ou bezwen epi y ap mete ou an kontak ak yon entèprèt.

Deutsch (German) Dieser Hinweis enthält wichtige Information. Dieser Hinweis enthält wichtige Informationen bezüglich Ihres Berufung von Anspruchsberechtigung bei Marketplace. Suchen Sie in diesem Hinweis nach den relevanten Daten. Behalten Sie Fristen im Auge. Ein kostenloser Service bei dem Sie Informationen und Hilfe in Ihrer Muttersprache erhalten steht Ihnen unter der Nummer 1-855-231-1751 zur Verfügung. Rufen Sie an und geben Sie Ihre Muttersprache an. Sie werden daraufhin mit einem Dolmetscher verbunden.

ગુજરાતી (Gujarati) આ નોટિસ માં અગત્યની માહિતી છે. આ નોટિસમાં તમારી માર્કેટપ્લેસ અપીલ વિશે અગત્યની માહિતી છે. આ નોટિસમાં રહેલી મહત્વની તારીખો જુઓ. તમારે અમુક ડેડલાઇન્સ સુધીમાં ચોક્કસ પગલાં લેવાની જરૂર પડી શકે છે. તમને કોઈ પણ પ્રકારના ખર્ચા વિના આ માહિતી મેળવવાનો અને તમારી ભાષામાં મદદ મેળવવાનો અધિકાર છે. 1-855-231-1751 પર કોલ કરો અને એજન્ટને તમને જોઈતી ભાષા વિશે કહો. તમારો સંપર્ક તરત જ એક દુભાષિયા સાથે કરાવવામાં આવશે.

Italiano (Italian) Questo avviso contiene informazioni importanti. Questo avviso contiene informazioni importanti relative all'appello da lei presentato a Marketplace circa la sua idoneità. Cerchi nell'avviso le date chiave: potrebbe esserle richiesto di agire entro certe scadenze. Lei ha diritto a ricevere gratuitamente aiuto e spiegazioni nella sua lingua. Chiami il numero 1-855-231-1751 e dica all'operatore la lingua di cui ha bisogno; l'operatore la metterà in contatto con un interprete.

日本語 (Japanese) 本通知には重要な情報が含まれています。 本通知には、Marketplace 資格申立に関する重要な情報が含まれています。本通知内の主な日付を確認してください。指定された日付に申立を行う必要があります。あなたは、本情報を取得する権利があり、無料の言語翻訳サービスを受けることができます。1-855-231-1751 にお電話いただければ、あなたの国の言語で話すことができる通訳者につながります。

한국어 (Korean) 이 통지에는 중요한 정보가 있습니다. 이 통지에는 마켓플레이스 적격성 항소에 대한 중요한 정보가 있습니다. 이 통지서에서 중요한 날짜를 찾으십시오. 일정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하는 이 정보를 얻고 무료로 언어 도움을 받을 수 있는 권리가 있습니다. 1-855-231-1751 로 전화하여 상담원에게 필요한 언어를 알려 주시면 통역사와 연결됩니다.



Polski (Polish) To zawiadomienie zawiera ważne informacje. To zawiadomienie zawiera ważne informacje na temat Państwa odwołania w kwestii kwalifikowalności na Marketplace. Prosimy zwrócić uwagę na kluczowe daty w tym zawiadomieniu. Być może będą Państwo musieli podjąć jakieś działania w określonych terminach. Mają Państwo prawo do uzyskania tej informacji w swoim języku bez ponoszenia dodatkowych kosztów. Prosimy o telefon pod numer 1-855-231-1751, aby porozmawiać z naszym przedstawicielem i powiedzieć, o jaki język chodzi, a zostaniecie Państwo połączeni z tłumaczem.

Português (Portuguese) Este comunicado contém informações importantes. Este comunicado contém informações importantes sobre o seu pedido de notificação de elegibilidade do Marketplace. Procure datas importantes neste aviso. Talvez você precise tomar medidas de acordo com determinados prazos. Você tem o direito de obter essas informações e conseguir ajuda, sem custo algum, no seu próprio idioma. Ligue para 1-855-231-1751 e informe o representante da central de atendimento sobre o idioma do qual necessita para que você seja conectado com um intérprete.

Русский (Russian) В этом уведомлении содержится важная информация. В этом уведомлении содержится важная информация о Вашей апелляции относительно соответствия требованиям системы Marketplace. Найдите важные даты в этом уведомлении. Возможно, Вам нужно предпринять действия к определенному сроку. У Вас есть право получить эту информацию и помощь на Вашем родном языке бесплатно. Позвоните по номеру 1-855-231-1751 и сообщите агенту, какой язык Вам нужен, и Вас соединят с переводчиком.

Español (Spanish) Este Aviso contiene Información Importante. Este aviso tiene información importante acerca de su apelación de elegibilidad del Mercado. Preste atención a las fechas importantes que aparecen en este aviso. Es posible que deba tomar acción dentro de ciertos plazos. Usted tiene derecho a recibir esta información y asistencia en su idioma sin costo alguno. Llame al 1-855-231-1751 e indique al agente el idioma que necesita y lo pondrán en comunicación con un intérprete.

Tagalog (Tagalog) Ang Abisong Ito ay May Mahalagang Impormasyon. Ang abisong ito ay may mahalagang impormasyon tungkol sa apela mo sa pagiging narapat sa Marketplace. Maghanap ng mga pangunahing petsa sa abisong ito. Maaaring kailanganin mong kumilos bago sumapit ang mga partikular na deadline. May karapatan kang makuha ang impormasyong ito sa wika mo ng wala kang gagastusin. Tumawag sa 1-855-231-1751 at sabihin sa agent ang kailangan mong wika at ikokonekta ka sa tagapagsalin ng wika.

Tiếng Việt (Vietnamese) Thông Báo Này có chứa Thông Tin Quan Trọng. Thông báo này có thông tin quan trọng về kháng cáo tính đủ điều kiện của Thị Trường. Tìm những ngày quan trọng trong thông báo này. Quý vị có thể cần phải thực hiện theo thời hạn nhất định. Quý vị có quyền nhận thông tin này và nhận được trợ giúp miễn phí bằng ngôn ngữ của quý vị. Vui lòng gọi số 1-855-231-1751 và báo cho đại lý biết ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

