

Employer Coverage Tool

Form Approved
OMB No. 0938-1213

Print or download this form to collect information about employers that offer traditional health coverage to anyone on your Marketplace application. Complete one form for each employer that offers coverage. You'll need this information to complete the application, even if no one enrolls in coverage through their job (or the job of another person, like a spouse or parent).

If someone works for a business that offers help paying for a health plan or health care expenses through a Health Reimbursement Arrangement (HRA), don't use this form. Look at the notice from the employer for the information you need to complete your Marketplace application. Visit [HealthCare.gov/job-based-help](https://www.healthcare.gov/job-based-help) to learn more.

EMPLOYEE information

Fill out boxes 1–3 about the **employee** who's offered job-based health coverage.

1. Employee name (First, Middle, Last) <input style="width:95%" type="text"/>	2. Employee Social Security Number (SSN) <input style="width:20%" type="text"/> - <input style="width:20%" type="text"/> - <input style="width:20%" type="text"/>
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3. List the first and last names of each person in the employee's household and tell us if they could get health coverage through the employer named in box 4 below, even if they're not currently enrolled.

Name	Eligible for health coverage through this employer?
<input style="width:95%" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input style="width:95%" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input style="width:95%" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input style="width:95%" type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

EMPLOYER information

Ask the **employer** to enter the information in boxes 4–13.

4. Employer name <input style="width:95%" type="text"/>		
5. Person or department we can contact for information about any coverage offered <input style="width:95%" type="text"/>		
6. Employer address (the Marketplace may send notices to this address) <input style="width:95%" type="text"/>		
7. City <input style="width:95%" type="text"/>	8. State <input style="width:20%" type="text"/>	9. ZIP code <input style="width:20%" type="text"/>
10. Employer contact phone number (<input style="width:10%" type="text"/>) <input style="width:15%" type="text"/> - <input style="width:20%" type="text"/>	11. Employer contact email address <input style="width:95%" type="text"/>	12. Employer Identification Number (EIN) <input style="width:10%" type="text"/> - <input style="width:20%" type="text"/>

Tell us about the health coverage offered by this employer.


13. Does the employer offer a health plan that meets the minimum value standard? A health plan meets the minimum value standard if it pays at least 60% of the total cost of medical services for a standard population and offers substantial coverage of hospital and doctor services. Most job-based plans meet the minimum value standard.

YES (Go to question 14.) **NO** (STOP and return this form to employee.)

14. How much would the employee pay for themselves for the lowest-cost plan that meets the minimum value standard? Don't include family plans. If the employer offers wellness programs, enter the premium that the employee would pay if the employee got the maximum discount for any tobacco cessation programs and didn't get any other discounts based on wellness programs.

- a. Employee would pay this premium: \$
- b. Employee would pay this amount: Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

You have the right to get Marketplace information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [CMS.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html](https://www.cms.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html), or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.

 **NEED HELP WITH YOUR APPLICATION?** Visit [HealthCare.gov](https://www.healthcare.gov) or call us at 1-800-318-2596. Para obtener una copia de este formulario en Español, llame 1-800-318-2596. If you need help in a language other than English, call 1-800-318-2596 and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users can call 1-855-889-4325.