

**Health Coverage from Jobs**

You **DON'T** need to use this worksheet if you or anyone on your CoverME.gov application is eligible for health coverage from one or more employers. Complete and attach a copy of this page for each employer that offers coverage.

You will need to provide this information to complete the application, even if no one on the application enrolls in coverage through their job (or the job of another person on the same CoverME.gov application, like a spouse or a parent).

Don't use this form if the only health coverage an employer only is:

- Help paying for a health plan
- To reimburse medical expenses through a Health Reimbursement Arrangement (HRA)

**Tell us about the job that offers coverage**

Take the Employer Coverage Tool on the next page to the employer who offers coverage to help you answer these questions. You only need to include this page when you send in your application, not the Employer Coverage Tool.

**Employee information**

Fill in for the **employee** who's offered job-based health coverage.

1. Employee name (First, Middle, Last)	2. Employee Social Security Number
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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 are not currently enrolled. Only list household members who the employee plans to include on their federal income tax return.

Name	Eligible for health coverage through this employer?

**Employer information**

You can ask the **employer** to fill out these items.

4. Employer name		
5. Person or department we can contact for information about any coverage offered		
6. Employer address (CoverME.gov may send notices to this address)		
7. City	8. State	9. Zip Code
10. Employer contact phone number		11. Employer contact email address

12. Phone number (if different from above)

13. Employer Identification Number (EIN)

14. Are you currently eligible for coverage offered by this employer, or will you become eligible in the next 3 months?

Yes (Continue)

14a. If you're in a waiting period or probationary period, when can you enroll in coverage?: (mm/dd/yyyy)

/ /

List the names of anyone else in your household who is eligible from coverage from this job.

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

No: (Stop here and go to Step 6 in the application)

**Tell us about the health plan offered by this employer.**

14. 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 15.)  No (STOP and return this form to employee.)

The employer offers plans that meet the minimum value standard to only the employee.

15A. For the lowest-cost plan that meets the minimum value standard offered only to the employee (**do not** include family plans, including 'self plus one' plans): If the employer has wellness programs, provide the premium that the employee would pay if they received the maximum discount for any tobacco cessation programs, and did not receive any other discount based on wellness programs.

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

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

15B. For the lowest-cost plan that meets the minimum value standard offered to the family (**do not** include employee only plans, **do** include family plans, including 'self plus one' plans, if applicable):

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

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

16A. What change will the employer make for the new plan year for the employee (if known)?

Employer won't offer health coverage to the employee.

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard. (Premium should reflect discount for wellness programs. See question 15A.)

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

16B. What change will the employer make for the new plan year for the employee's family (if known)?

Employer won't offer health coverage to the employee's family (check the box if this applies to any or all of the employee's family members).

Employer will start offering health coverage to employees' family or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.

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

\*Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986.

## EMPLOYER COVERAGE TOOL

Use this tool to help answer questions in your CoverME.gov application, Appendix C. That part of the application asks about any employer coverage that you're eligible for (even if it's from another person's job, like a parent or a spouse). The information in the numbered boxes below match the boxes in Appendix C. For example, you can use the answer to question 14 on this page to answer question 14 on Appendix C.

**Write your name and Social Security number 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 Social Security Number
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### EMPLOYER information

Ask the **employer** for this information.

3. Employer name	4. Employer Identification Number (EIN)	
5. Employer address (CoverME.gov will send notices to this address)	6. Employer phone number	
7. City	8. State	9. ZIP code
10. Who can we contact about employee health coverage at this job?		
11. Phone number (if different from above)	12. Email address	

**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.)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_/\_\_/\_\_\_\_ (mm/dd/yyyy) (Go to next question)

**No** (STOP and return this form to employee)

Tell us about the **health plan** offered by this employer.

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

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)

15A. For the lowest-cost plan that meets the minimum value standard offered only to the employee (don't include family plans, including 'self plus one' plans): If the employer has wellness programs, provide the premium that the employee would pay if they received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

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

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

15B. For the lowest-cost plan that meets the minimum value standard offered to the employee's family (don't include family plans):

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

16A. What change will the employer make for the new plan year for the employee (if known)?

Employer won't offer health coverage to the employee.

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard. (Premium should reflect discount for wellness programs. See question 15A.)

- 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

16B. What change will the employer make for the new plan year for the employee's family (if known)?

Employer won't offer health coverage to the employee's family (check the box if this applies to any or all of the employee's family members).

Employer will start offering health coverage to employees' family or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.

- 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

\*Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986.