Employer Coverage Tool

Form Approved
OMB No. 0938-1213

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 from 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. **Have the person who is offered the employer health insurance fill out boxes 1–3 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 who is offered employer insurance** needs to fill out this section.

1. Employee name (First, Middle, Last)	2. Employee SSN
	___ - ___ - ____

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?
	◯ Yes ◯ No
	◯ Yes ◯ No
	◯ Yes ◯ No
	◯ Yes ◯ No

EMPLOYER information

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

4. Employer/company name

5. Person or department we can contact about employee health coverage (we may contact this person if we need more information).

6. Employer contact address (the Marketplace may send notices to this address)

7. City	8. State	9. ZIP code

10. Employer contact phone number	11. Employer Identification Number (EIN)
(___) ___ - ____	__ - _____

Tell us about the health coverage offered by this employer.

12. 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 13.) ◯ **NO** (STOP and return this form to employee.)

13. How much would the employee have to pay for the lowest cost plan offered **to the employee only** that meets the minimum value standard? Don't include family plans. **NOTE:** 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: **$**

NOTE: Enter the lowest amount the employee could pay for health coverage that meets the minimum value standard.

b. Employee would pay this amount: ◯ Weekly ◯ Every 2 weeks ◯ Twice a month ◯ Once a month ◯ 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, or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.