Employer Coverage Tool

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

Don't use this form if someone works for a business that offers help paying for a health plan or health care expenses through a Health Reimbursement Arrangement (HRA).

Visit HealthCare.gov/have-job-based-coverage for more details if you have (or got an offer for) job-based insurance.

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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 (SSN)	
3. List the first and last names of each person in the employee's household and tell us if they could get he below, even if they're not currently enrolled. Only list household members who the employee plans to in a copy of this page if there are more than 4 people in the employee's household.		
ne Eligible for health coverage through this e		
	○Yes ○No	
♠ Employer information		



You can ask the **employer** to fill out items 4-12.

4. Employer name				
5. Employer address (the Marketplace may send notices to this address)				
6. City	7. State	8. ZIP code		
9. Employer Identification Number (EIN)				

Tell us about the health coverage offered by this employer.

10. Do the plans offered by the employer meet 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 11.) NO (STOP and return this form to employee.)				
The employer offers plans that meet the minimum value standard to only the employee, but not the employee's family members.				
(Go to question 11. You don't need to answer question 12.)				
11. 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: O Weekly O Every 2 weeks O Twice a month O Monthly O Quarterly O Yearly				
c. What is the earliest date the employee can enroll in this health coverage:				
12. If other household members are listed for question 3: How much would the employee pay for the lowest-cost plan that covers the employee and the household members listed in question 3? 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				
c. What is the earliest date the household member can enroll in this health coverage:				

You have the right to get your 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/Web-Policies-Important-Links/Accessibility-Nondiscrimination-Disabilities-Notice or call 1-800-318-2596. TTY users can call 1-855-889-4325.

Health Insurance Marketplace

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