



Dear Human Resources Representative,

Our enrollment program at Westside Family Healthcare is assisting your employee, \_\_\_\_\_, with determining their eligibility to apply for health insurance through the Health Insurance Marketplace. In order to make this determination, we must obtain information regarding the availability and cost of employer sponsored insurance. Please assist your employee and us by completing the attached Employer Coverage Tool.

If this employee and/or family is **NOT ELIGIBLE** for health insurance through your company, please indicate their ineligibility in question three (3) on the Employer Coverage Tool.

If this employee and/or family is **ELIGIBLE** for health insurance, please complete the entire Employer Coverage Tool form.

The completed Employer Coverage Tool may be returned to us via:

- a) The Employee
- b) Email: [Enrollment@WestsideHealth.org](mailto:Enrollment@WestsideHealth.org)

If you have any questions, please contact us at [Enrollment@WestsideHealth.org](mailto:Enrollment@WestsideHealth.org).

Sincerely,

**Enrollment Services Department**  
**Westside Family Healthcare**