



Employer-sponsored Health Insurance Form

1. Please fill out the first section of this form.
2. Ask your employer to fill out the rest of the form.
3. Use the information on this form to complete your application.

Use this form to gather information about employers that offer traditional health coverage to anyone on your Health Connector 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 through 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
- To reimburse medical expenses through a Health Reimbursement Arrangement (HRA)

EMPLOYEE

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

Employee name (*first, middle, last*):

Member ID:	Social Security number: _____ - _____ - _____
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List the first and last names of each person in the employee's household. Tell us if they could get health coverage through the employer named on the next page, even if they're not currently enrolled. Only list household members the employee plans to include on their federal income tax return.

Household members included on your federal income tax return	Eligible for health coverage through this employer?
First and last name:	<input type="checkbox"/> Yes <input type="checkbox"/> No
First and last name:	<input type="checkbox"/> Yes <input type="checkbox"/> No
First and last name:	<input type="checkbox"/> Yes <input type="checkbox"/> No
First and last name:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Use another piece of paper to add more people.

Questions?

Visit MAhealthconnector.org or call **1-877 MA ENROLL** (1-877-623-6765). (TTY: 1-877-623-7773) Monday to Friday, 8 a.m. to 6 p.m. The call is free.

EMPLOYERYou can ask the **employer** to fill out this section.

Employer name:

Person or department we can contact for information about any coverage offered:

Employer address:

City:	State:	ZIP Code:
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Employer Identification Number (EIN): _ _ _ - _ _ _ _ _	Phone:
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Employer contact email address:

Tell us about the **health coverage** offered by this employer.**Do the plans that the employer offers 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 the next question.)
- No** (STOP and return this form to employee.)
- The employer offers plans that meet the minimum value standard to only the employee.

How much would the employee pay for themselves for the lowest-cost plan that meets the minimum value standard? Don't include family plans.

- Employee would pay this premium amount: \$ _____
- Employee would pay this amount this often:
 Each week Every 2 weeks Twice a month Once a month Quarterly Yearly

If other household members are listed on the other side: How much would the employee pay for the lowest-cost plan that covers the employee and the household members listed? If the employer offers wellness programs, enter the premium amount the employee would pay if the employee got the maximum discount for any tobacco quitting programs and didn't get any other discounts based on wellness programs.

- Employee would pay this premium \$ _____
- Employee would pay this amount this often:
 Each week Every 2 weeks Twice a month Once a month Quarterly Yearly

To get this information in English, large print, or Braille, call 1-877-623-6765 (TTY: 1-877-623-7773).

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