# EMPLOYER COVERAGE TOOL

Use this tool to help answer questions about any employer health coverage that you are eligible for (even if it’s from another person’s job, like a parent or spouse).

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.

## EMPLOYEE Information

The employee needs to fill out this section.

1. Employee name (First, Middle, Last, & Suffix)  
2. Social Security Number

## EMPLOYER Information

Ask the employer for this information.

3. Employer name  
4. Employer Identification Number (EIN)

5. Employer address

6. Employer phone number  
( ) Ext. ________  
Phone Type: [ ] Cell [ ] Home [ ] Work

7. City  
8. State  
9. ZIP code

10. Who can we contact about employee health coverage at this job?

11. Contact phone number  
(if different from above)  
( ) Ext. ________  
Phone Type: [ ] Cell [ ] Home [ ] Work

12. Email address

Tell us about the health plan offered by this employer.

13. Does the employer offer a health plan that covers an employee’s spouse or dependent(s)?
   [ ] Yes. Which people? [ ] Spouse [ ] Dependent(s)

   [ ] No.

14. Does the employer offer a health plan that meets the minimum value standard*?
   [ ] Yes (Go to question 15) [ ] No (STOP and return form to employee)
Employer Coverage Tool - Continued

NAME OF EMPLOYEE:__________________________________

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don’t include family plans):
   a. What is the name of the plan that is offered now? _______________________
   b. What is the name of the plan that will be offered in the coverage year **?
      _______________________
   c. How much would the employee have to pay in premiums for this plan?
      $ ___________________
   d. How often? □ Weekly □ Every 2 weeks □ Twice a month □ Monthly
      □ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don’t know, STOP and return form to employee.

16. What change will the employer make for the new plan year (if known)?
   □ Nothing will change
   □ Employer won’t offer health coverage. To who? _______________________
      Last day of coverage available? ________________
   □ Employer will start offering health coverage to employees.
      To who? ________________________ 1st day of coverage? ________________
   □ Employer will change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard*.
      Date of change? ________________
      a. How much would the employee have to pay in premiums for that plan?
         $ ___________________
      b. How often? □ Weekly □ Every 2 weeks □ Twice a month □ Monthly
         □ Yearly

* An employer-sponsored health plan meets the “minimum value standard” if the employer pays for 60% of the allowed health plan benefits. If you are unsure if your employer-sponsored coverage meets the “minimum value standard” or the affordability standard, please contact your employer or Human Resources Representative. (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

** The Calendar year in which your plan is active. (Ex. If applying in 2013 for coverage that begins in 2014, the coverage year is 2014.)