



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 ____ - ____ - _____
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EMPLOYER Information

Ask the **employer** for this information.

3. Employer name	4. Employer Identification Number (EIN) ____ - _____	
5. Employer address		
6. City	7. State	8. ZIP code
9. Employer phone number () - Ext. _____		Phone Type: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
10. Who can we contact about employee health coverage at this job?		
11. Contact phone number (if different from above) () - Ext. _____		Phone Type: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> 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)? <input type="checkbox"/> Yes . Which people? <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent(s) <input type="checkbox"/> No .
14. Does the employer offer a health plan that meets the minimum value standard*? <input type="checkbox"/> Yes (Go to question 15) <input type="checkbox"/> No (STOP and return form to employee)



NEED HELP WITH FILLING THIS FORM? Visit ConnectforHealthCO.com or call us at **1-855-PLANS-4-YOU (1-855-752-6749)**. Para obtener una copia de este formulario en Español, llame **1-855-PLANS-4-YOU (1-855-752-6749)**. If you need help in a language other than English, call **1-855-PLANS-4-YOU (1-855-752-6749)** and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call **1-855-346-3432**.

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? _____

b. How much would the employee have to pay in premiums for this plan?

\$ _____

c. 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)

