

# Instructions for completing Appendix A Health Coverage from Jobs



## Application for Health Coverage and Help Paying Costs.

Employees may ask their HR department to complete Health Coverage from Jobs, Appendix A. It is part of the standard application for health coverage through a public Marketplace (MNsure or that of another state) and it explains the employer's offer of health coverage. It is important to complete this form accurately.

Under Employer Shared Responsibility (ESR) an employer will not be penalized for a not full-time employee (less than 30 hour per week) obtaining a tax credit (subsidy) through a Marketplace but may be penalized if a full-time employee is determined eligible for a tax credit. Generally, any state employee eligible for the full employer contribution to coverage will not be eligible for a tax credit through a Marketplace (even if the employee waives the state's coverage).

## Instructions for completing Appendix A:

### EMPLOYEE Information

1. The employee's legal name. (This is how it should appear in SEMA4.)
2. The employee's SSN. (This is how it should appear in SEMA4.)

### EMPLOYER Information

3. The name of the employing agency. (For example, MN Dept of Transportation.)
4. EIN: 81-1037253.
- 5 - 9. The headquarters of the employing agency. (Employer Notice will be sent to this address.)
- 10-12. A contact at the employing agency who is able to respond to the Marketplace about the employee's eligibility for state employee coverage.
13. Answer accordingly. If "no" you are finished. If "yes", then complete items 14 through 16.

Tell us about the health plan offered by this employee

Appendix A

Your response will change depending on the employer contribution that was offered. All dollar amounts are based on the single coverage cost (even if the employee elects family coverage). Question 15 illustrates the 2018 rates. You will must base your response on the current rate.

2018 plan year rates	Employee is eligible for full employer contribution to coverage	Employee is eligible for 75% employer contribution to coverage	Employee is eligible for 50% employer contribution to coverage
Question 14.	Yes	Yes	Yes
Question 15.	\$15.77 twice a month	\$90.67 twice a month	\$165.58 twice a month
Question 16.	Leave blank	Leave blank	Leave blank

APPENDIX A

Health Coverage from Jobs

You DO NOT need to answer these questions unless someone in the household is eligible for health coverage from a job. Attach a copy of this page for each job that offers coverage. Take this form to your employer who offers coverage to help you answer these questions. You can use this information to complete your application.

EMPLOYEE Information

1. EMPLOYEE NAME (FIRST, MIDDLE, LAST)

2. EMPLOYEE SOCIAL SECURITY NUMBER

EMPLOYER Information

3. EMPLOYER NAME

4. EMPLOYER IDENTIFICATION NUMBER (EIN)

5. EMPLOYER ADDRESS

6. EMPLOYER PHONE NUMBER

7. CITY

8. STATE

9. ZIP CODE

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

11. PHONE NUMBER (if different from above)

12. EMAIL ADDRESS

13. Are you currently eligible for coverage offered by this employer, or will you become eligible in the next three months?

☐ Yes - continue

☐ No - stop here and go to Step 3 in the application

13a. If you are in a waiting or probationary period, when can you enroll in coverage? (mm/yyyy)

13b. List the names of anyone else who is eligible for coverage from this job.

Tell us about the health plan offered by this employer.

14. Does the employer offer a health plan that meets the minimum value standard? ☐ Yes ☐ No

15. For the lowest-cost plan that meets the minimum value standard\* offered only to the employee (do not include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and did not receive any other discounts based on wellness programs.  
a. How much would the employee have to pay in premiums for this plan? \$  
b. How often? ☐ Weekly ☐ Every two weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

16. What change will the employer make for the new plan year (if known)?  
☐ Employer will not offer health coverage  
☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)  
a. How much would the employee have to pay in premiums for this plan? \$  
b. How often? ☐ Weekly ☐ Every two weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly  
Date of change (mm/yyyy)

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(b)(2)(C)(ii) of the Internal Revenue Code of 1986)

NEED HELP WITH YOUR APPLICATION? Visit [www.mnsure.org](http://www.mnsure.org) or call us at 1-855-366-7873. If you need help in a language other than English, tell us the language you need. We will get you help at no cost to you.