

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.

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. Is the employee eligible for coverage offered by this employer, or will s/he become eligible in the next 3 months?

Yes – continue

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

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

No – stop here and return this form to the employee.

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 2 weeks Twice a month 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 2 weeks Twice a month Quarterly Yearly

Date of change (mm/dd/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(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



NEED HELP WITH YOUR APPLICATION? Visit 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.