

June 21, 2016

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Dear Benefits Manager:

The person listed below submitted an application for health coverage through the Health Insurance Marketplace in Texas and indicated that he or she is an employee of _____ at the address shown above.

This person reported that he or she:

- didn't have an offer of health care coverage from
- did have an offer of health care coverage, but it wasn't affordable or didn't provide minimum value; or
- was in a waiting period and unable to enroll in health care coverage.

The employee has been determined eligible for advance payments of the premium tax credit (APTC) or cost-sharing reductions (CSRs) for at least one month during 2016 to help pay for Marketplace coverage and has enrolled in coverage through the Marketplace.

Employee Name	Birthday	Last 4 digits of Social Security Number (if available)	Marketplace Application ID

Why am I getting this notice?

This notice informs you that your employee was found eligible for APTC or CSRs and that, if various conditions are met, you may have to pay an employer shared responsibility payment to the Internal Revenue Service (IRS) in the future. It also notifies you of your opportunity to appeal this eligibility determination.

Certain employers (those with at least 50 full-time employees or full-time equivalent employees, called



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If you have questions: Visit go.cms.gov/CCIIEmployers. Or call: 1-800-355-5856 (TTY:711). The call is free.

applicable large employers) might have to pay an employer shared responsibility payment for any month that at least one full-time employee enrolled in Marketplace coverage and receives APTC or CSRs.

If _____ is an applicable large employer, at least one of its employees received APTC or CSRs for at least one month during 2016, and it meets other Internal Revenue Service (IRS) criteria, the IRS may determine that it must pay an employer shared responsibility payment.

Important: This is only a notification that _____ may have to pay an employer shared responsibility payment. **Only the IRS, not the Marketplace, can determine whether this employer will owe an employer shared responsibility payment.**



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What can I do next?

To learn more, you can visit IRS.gov/aca or contact the IRS at 800-829-4933 Monday – Friday, 7 a.m. – 7 p.m. your local time (Alaska & Hawaii follow Pacific Time).

You may file an appeal to the Marketplace if you believe there's been a mistake regarding the employee's eligibility for APTC or CSRs. If you believe your employee was incorrectly determined eligible for APTC or CSRs because you offered the employee affordable, minimum value health coverage, filing an appeal could help reduce the employee's potential tax liability. Filing an appeal could also eliminate reports from the Marketplace to the IRS that your employee received APTC or CSRs following an appeal decision in your favor. **However, filing an appeal won't necessarily affect whether you have to pay an employer shared responsibility payment to the IRS, because the IRS will determine independently whether you have to pay.**

If you appeal, the Marketplace will consider evidence provided by both you and your employee to determine if the employee is eligible for APTC or CSRs.

Remember, it's a violation of the Fair Labor Standards Act to discriminate against any employee because he or she received APTC or CSRs.

What are my appeal rights?

You have 90 days from the date of this notice to request an appeal from the Marketplace. For more information about the employer appeal process and to download the employer appeal request form, visit HealthCare.gov/marketplace-appeals/employer-appeals and mail the completed form to:

Health Insurance Marketplace
465 Industrial Blvd.
London, KY 40750-0061

You may also fax the form through this secure fax line: 1-877-369-0129.

You must include a copy of this notice with your appeal request.

If you have questions: Visit go.cms.gov/CCIIOmployers. Or call: 1-800-355-5856 (TTY:711). The call is free.

Where can I find more information?

For more information about the employer shared responsibility provisions, visit www.irs.gov/aca.

Sincerely,

Health Insurance Marketplace
465 Industrial Blvd.
London, KY 40750-0061

The information provided in this letter is based on Section 1411(e)(4)(B)(iii) of the Affordable Care Act, which specifies when the Marketplace must send this notice, Section 4980H of the Internal Revenue Code, which contains the employer shared responsibility provisions, Section 5000A of the Internal Revenue Code, which defines minimum essential coverage, and Section 36B of the Internal Revenue Code, which explains the rules regarding when coverage through an employer is considered affordable and meets the minimum value standard.

Privacy Disclosure: The Health Insurance Marketplace protects the privacy and security of the personally identifiable information (PII) that the application filer has provided (see <https://www.healthcare.gov/privacy/>). This notice was generated by the Marketplace based on 45 CFR 155.310(h). The information used to create this notice was collected on the application that the employee or other application filer filled out and from other data sources through the electronic eligibility verification process to get an eligibility determination for enrollment in a qualified health plan through the Marketplace and for insurance affordability programs. For more information about the privacy and security of PII, visit HealthCare.gov. The valid OMB control number for this information collection is 0938-1191.

Nondiscrimination: The Health Insurance Marketplace doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800-368-1019 (TTY: 1-800-537-7697), visiting hhs.gov/ocr/civilrights/complaints, or writing to the Office for Civil Rights/ U.S. Department of Health and Human Services/200 Independence Avenue, SW/ Room 509F, HHH Building/ Washington, D.C. 20201.



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한국어 (Korean) 이 동지서에는 중요한 정보가 들어 있습니다. 이 동지서에 열거된 사람은 건강 보험 시장(Health Insurance Marketplace)을 통한 보험 커버리지 신청을 제출했으며 그(녀)가 귀하의 피고용인이라고 밝혔습니다. 귀하가 이의를 제기할 수 있는 권리와 관련하여 이 동지서에 나타난 주요 날짜들을 찾아 보십시오. 귀하에게는 어떤 비용도 부담하지 않으면서 이 정보를 얻고 귀하의 권리로 도움을 받을 수 있는 권리가 있습니다. 1-800-355-5856 TTY: 711 으로 전화하시고 초반에는 조금 기다려 주십시오. 에이전트가 전화에 나올 때 귀하가 필요로 하는 권리를 말씀하시면 귀하에게 동역사가 연결될 것입니다.

Polski (Polish) To ogłoszenie zawiera ważne informacje. Osoba wymieniona w tym ogłoszeniu, złożyła wniosek o uzyskanie ubezpieczenia zdrowotnego przez Rynek Ubezpieczeń Zdrowotnych, zaznaczając, że jest Twoim pracownikiem. Prosimy zwrócić uwagę na kluczowe daty zawarte w tym ogłoszeniu odnośnie Twojego prawa do złożenia odwołania. Masz prawo do bezpłatnej informacji oraz pomocy we własnym języku. W tym celu zadzwoń pod numer 1-800-355-5856 TTY: 711 i poczekaj na zgłoszenie agenta a następnie poproś o przełączenie rozmowy do tłumacza języka polskiego.

Português (Portuguese) Este aviso contém informações importantes. A pessoa relacionada neste aviso enviou um pedido de cobertura de assistência médica por meio do Health Insurance Marketplace e indicou que é seu empregado. Procure as datas importantes neste aviso, relacionadas ao seu direito de recorrer. Você tem o direito de obter essas informações e ajuda em seu idioma, sem custos. Ligue para 1-800-355-5856 TTY: 711 e aguarde a apresentação. Quando um agente responder, diga o idioma necessário e você será conectado com um intérprete.

Русский (Russian) Настоящее уведомление содержит важную информацию. Физическое лицо, указанное в данном уведомлении, подало заявление на получение медицинского страхования через рынок медицинского страхования и указало, что он или она является вашим работником. Смотрите в настоящем уведомлении основные даты, относящиеся к вашему праву на подачу апелляции. Вы имеете право на бесплатное получение этой информации и помощи на вашем языке. Позвоните по номеру 1-800-355-5856 TTY: 711 и ждите ответа свободного агента. Когда агент ответит, назовите свой язык и вас соединят с переводчиком.

Español (Spanish) Este aviso contiene información importante. La persona mencionada en este aviso ha presentado una solicitud para cobertura médica a través del Mercado de Seguros Médicos y ha indicado que es su empleado. Identifique fechas importantes en este aviso relacionadas a su derecho para presentar una apelación. Usted tiene el derecho de obtener esta información y asistencia en su idioma de forma gratuita. Llame al 1-800-355-5856 TTY: 711 y espere para ser atendido. Cuando un agente conteste, mencione el idioma que necesita y un intérprete se comunicará con usted.

Tagalog (Tagalog) Ang Paunawang ito ay may Mahalagang Impormasyon. Ang taong nakatala sa paunawang ito ay nagpadala ng aplikasyon upang magkaroon ng kasakupang pangkalusugan sa pamamagitan ng Health Insurance Marketplace at nagpahayag na siya ay iyong empleyado. Hanapin ang mga mahalagang petsa sa paunawang ito na nauukol sa iyong karapatang maghain ng apela. Mayroon kang karapatan na makakuha ng ganitong Impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 1-800-355-5856 TTY: 711 at maghintay para sa pagbubukas ng linya. Kapag sumagot ang isang ahente, sabihin ang wika o lengguwahe na iyong kailangan at ikaw ay iuugnay sa isang tagapagsalin ng wika.

Urdu) اردوہ نوٹس اہم معلومات فراہم کرتا ہے۔ یہ نوٹس ہر سرج افراد نے صحت کی انشورنس کیلئے مارکیٹ پلیس کے ذریعے صحت کی کوریج کے لئے ایک درخواست پیش کی اور اس بات کا اشارہ کیا کہ وہ اپکا ملازم ہے۔ ایک اپیل دائر کرنے کا حق سے متعلق اس نوٹس میں اہم تاریخوں کو نیچے لکھا ہے۔ آپ کو حق ہے اس معلومات کو حاصل کرنے کا اور مفت سے اپنی زبان میں مدد حاصل کرنے کا۔ کال کریں 1-800-355-5856 TTY: 711 اور اپنی باری کا انتظار کریں: جب ایجنٹ جواب دے، تو اپ اپنی زبان کا تقابلیے اور آپ کو ایک مترجم کے ساتھ منسلک کر دیا جائے گا۔

Tiếng Việt (Vietnamese) Thông báo này cung cấp thông tin quan trọng. Cá nhân được kê danh trong thông báo này đã nộp đơn xin bảo hiểm y tế thông qua Thị Trường Bảo Hiểm Sức Khỏe Marketplace và cho biết người đó là nhân viên của quý vị. Xem ngày hạn quan trọng trong thông báo này liên quan đến quyền nộp đơn kháng cáo. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 1-800-355-5856 TTY: 711 và chờ nghe hết lời mở đầu. Khi một điện thoại viên trả lời, xin nói ngôn ngữ của mình là gì và quý vị sẽ được kết nối với một thông dịch viên.



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