

# EMPLOYER COVERAGE TOOL

Use this worksheet to help you gather information about employers that offer traditional health coverage to anyone on your Maryland Health Connection application. Complete one form for each employer that offers coverage. You'll need this information to complete the application, even if no one enrolls in coverage through their job (or the job of another person, like a spouse or parent).



## EMPLOYEE Information

The **employee** needs to fill out this section.

1. Employee name (First, Middle, Last)	2. Social Security Number
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3. List the first and last names of each person in the employee's household and tell us if they could get health coverage through the employer named in box 4 below, even if they're not currently enrolled. Only list household members who the employee plans to include on their federal income tax return.

Name employer?	Eligible for health coverage through this
	[ ] Yes [ ] No
	[ ] Yes [ ] No
	[ ] Yes [ ] No
	[ ] Yes [ ] No



## EMPLOYER Information

Ask the **employer** for this information.

4. Employer name		5. Employer Identification Number (EIN) ____ - _____	
6. Employer address (the Marketplace may send notices to this address)		7. Employer phone number ( ) -	
8. City	9. State	10. ZIP code	
11. Who can we contact about employee health coverage at this job?			
12. Phone number (if different from above) ( ) -	13. Email address		

### 14. Tell us about the **health plan** offered by this **employer**.

Does the employer offer a health plan that meets minimum value standard\*?

Yes, go to question 15

No, stop and return form to employee

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15. Is the employee currently eligible for coverage offered by the employer or will the employee be eligible in the next three months?

Yes, continue

15a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?

\_\_\_\_\_ (mm/dd/yyyy) (Continue)

No, stop and return the form to the employee

16. How much would the employee pay for themselves for the lowest-cost plan that meets the minimum value standard? Don't include family plans.

\$ \_\_\_\_\_

How often? \_\_\_\_\_

(Weekly/ Every 2 weeks/ Twice a month/ Once a month/ Quarterly/Yearly)


17. If other household members are listed for question 3: How much would the employee pay for the lowest-cost plan that covers the employee and the household members listed in question 3?

\$ \_\_\_\_\_

How often? \_\_\_\_\_

(Weekly/ Every 2 weeks/ Twice a month/ Once a month/ Quarterly/Yearly)

\* A health plan meets the minimum value standard if it pays at least 60% of the total cost of medical services for a standard population and offers substantial coverage of hospital and doctor services. Most job-based plans meet the minimum value standard.

 **NEED HELP WITH YOUR APPLICATION?** Visit [MarylandHealthConnection.gov](https://www.MarylandHealthConnection.gov) or call us at **1-855-642-8572**. Help is available in 200 languages. Deaf and hard of hearing use Relay. Para obtener una copia de este formulario en Español: [www.marylandhealthconnection.gov/preguntas-frecuentes/#eligibility](https://www.marylandhealthconnection.gov/preguntas-frecuentes/#eligibility).