SMALL BUSINESS HEALTH OPTIONS PROGRAM
MARKETPLACE

EMPLOYER ENROLLMENT USER GUIDE

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SHOP Marketplace – Employer Enrollment Application

The online SHOP Marketplace is open for employers with 1-50 or 1-100 full-time employees (depending on which state your business is located) to enroll in coverage. If you already have coverage through the SHOP Marketplace, you'll need to visit HealthCare.gov to renew your coverage. Learn more about SHOP Marketplace renewals at **marketplace.cms.gov/technical-assistance-resources/shop-renewal-guide.pdf.**

If your business is in one of these states, use this document to guide you through the enrollment process:

Alabama	**Maine**	**Oklahoma**
Alaska	**Michigan**	**Pennsylvania**
Arizona	**Missouri**	**South Carolina**
Delaware	**Montana**	**South Dakota**
Florida	**Nebraska**	**Tennessee**
Georgia	**Nevada**	**Texas**
Illinois	**New Hampshire**	**Virginia**
Indiana	**New Jersey**	**West Virginia**
Iowa	**North Carolina**	**Wisconsin**
Kansas	**North Dakota**	**Wyoming**
Louisiana	**Ohio**	

If your business is in a state that's not listed above, that means the state is running its own SHOP Marketplace. You'll need to follow your state's application enrollment process.

To find your state's SHOP Marketplace, visit **HealthCare.gov/smallbusinesses** and select your state from the drop down menu, or contact the SHOP Call Center at 1-800-706-7893, Monday - Friday, 9a.m. - 7p.m. ET. TTY users should call 711 to reach a call center representative.

If you're working with a SHOP Marketplace registered agent or broker, they'll follow the same process as employers to complete your application. You may authorize an agent or broker to help with your application and enrollment at any time.

Important: You can stop at any point in the application and save your information. To return to where you stopped, select **My eligibility**, then select **Edit enrollment** in the **Actions** field.

Create a HealthCare.gov account

To start the SHOP Marketplace enrollment process, visit HealthCare.gov and create your account. After you create an account, you can store all business, employee, and coverage information, and access the SHOP Marketplace enrollment application. If you're renewing your enrollment or shopping for a new plan, you can use your existing account.

• Select your state. Visit the small business employer page at **HealthCare.gov/small-businesses/employers** and select your state from the drop down menu. Select the state where your primary business address is located. Then select **APPLY NOW**.

Note: If you already have a Marketplace account you created previously for individual and family coverage, you can select **Log in** to use the same account for the SHOP Marketplace (same username and password).

• **Answer a few questions.** On the **Create an account page**, you'll give your first and last name, email address, and preferred password.

Next you'll answer a few security questions. These questions will be helpful in case you forget your username and/or password and have trouble logging in.

o Select the box about news and updates if you want us to email information to you.

o Select the box stating that you understand and agree with HealthCare.gov's privacy policy and then select **CREATE ACCOUNT**.

**Note:** When you create your account, the information you provide is case sensitive. Remember to enter the information the same way when you log-in.

• **Verify your email address.** You must verify that the email address you gave for the account is correct. You'll get an email with a link that's unique to you. Follow the instructions on the screen. **Note**: If you don't verify your email address within 48 hours of getting the email, the link in the email will expire. You'll need to get another verification email before you try to log into your account.

After you verify your email address, you'll see a "Success!" page letting you know that your account has been created. Select **CONTINUE** to create your profile and verify your identity.
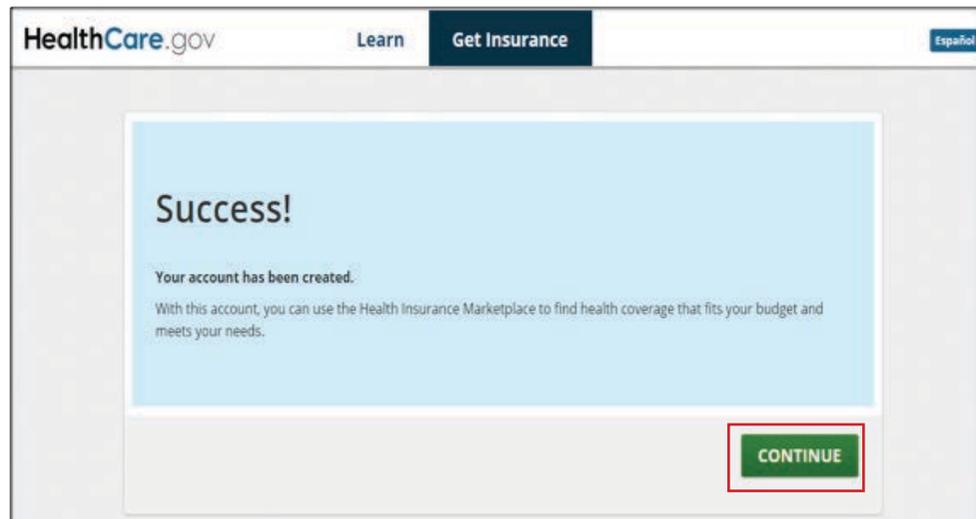

If you try to log into your account without verifying your email address, you'll get an expiration notice. Select **Resend Verification Email** on the expiration notice and follow steps above to verify your email address.

Create a profile

The next step to prepare for enrollment is to create your profile. This process is used to verify your identity and protect your privacy.

• **Log into your HealthCare.gov account.** Enter your new username and password, then select **I ACCEPT** on the **Terms & Conditions** page.

• **Select the employer application.** On the **WELCOME** page, select **VISIT EMPLOYER MARKETPLACE**.

• **Review your information.** Carefully review the details on the **My Profile** page and add or change any information that's missing, like your phone number and address. Select **Verify Now**.
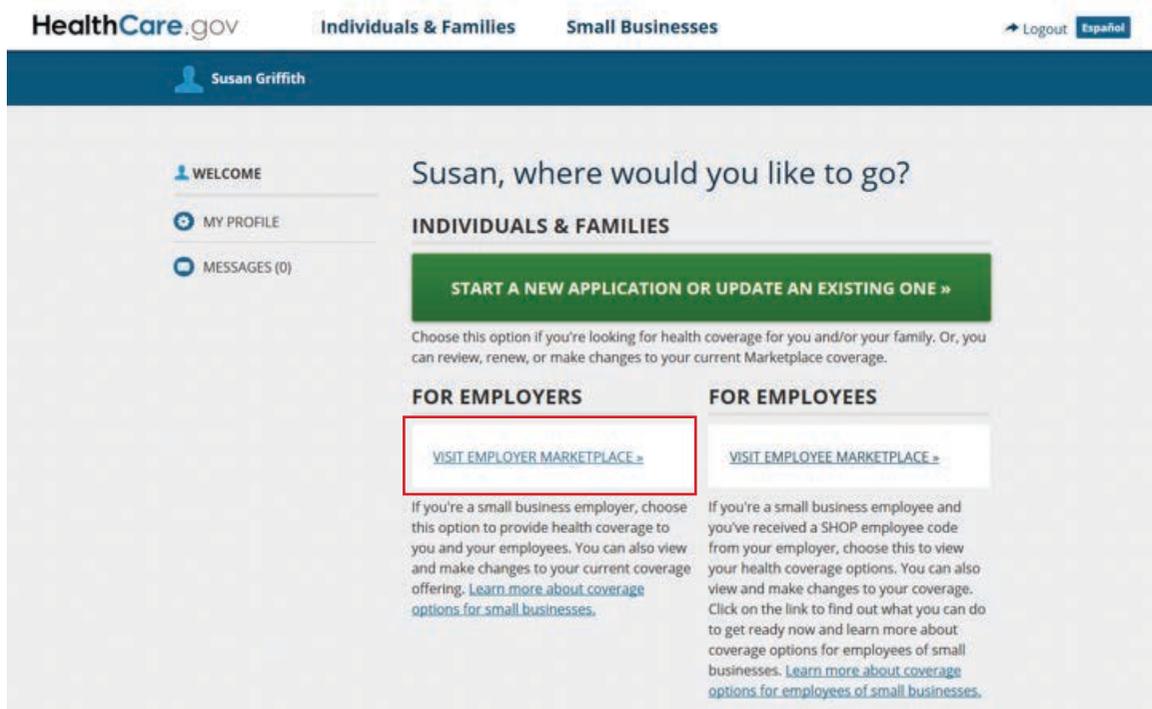
Verify your identity

To protect your personal information, you must verify your identity.

• **Start identity proofing.** On the **Verify your identity screen**, select **GET STARTED.** This process will help protect your employees' and your personal information. Without this identity verification process, someone else could create an account in your name without your knowledge.
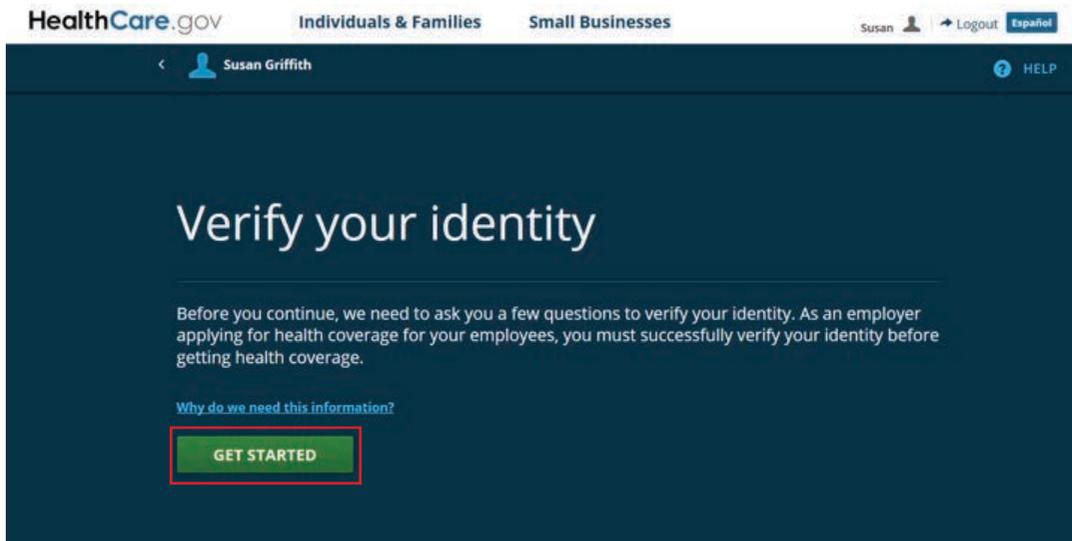
• **Enter data in required fields.** On the **Contact information** page, enter this data in the required fields:

   o First and last name. Enter as they appear in legal documents, like a driver's license or passport, and add any suffixes (like Sr, Jr, II, etc.)

   o Date of birth

   o Social Security Number (optional)

   o Email address

   o Street address, City, State, Zip code, preferred phone number, and phone type

Review and select **CONTINUE**.

• **Answer questions to verify identity.** Answer personal questions on the **Identity questions** page to confirm your identity. These questions will be different for each person. You must answer all the required questions to start the SHOP Marketplace enrollment process. Select **CONTINUE**.

Note: If you don't answer the questions correctly after 2 tries, you'll get a failure message.

On the next screen, you'll see one of these messages:

- **Your identity has been verified.**

  If your identity is verified, select **CONTINUE** to start your SHOP application.
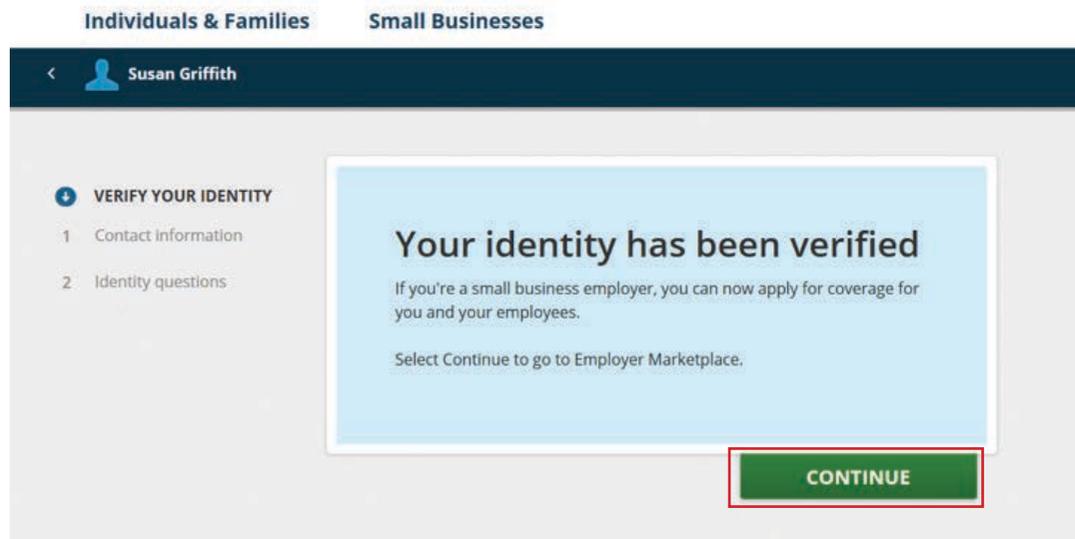
- **Your identity wasn't verified.**

  If your identity wasn't verified, follow the directions on the screen. If you need help call, Experian Verification Services at 1-855-267-1515**.** In some cases you may be asked to submit documents to verify your identity. You'll have to finish this process before you can complete the SHOP Marketplace application. To learn more about identity verification, visit **HealthCare.gov/individual-privacy-act-statement**.
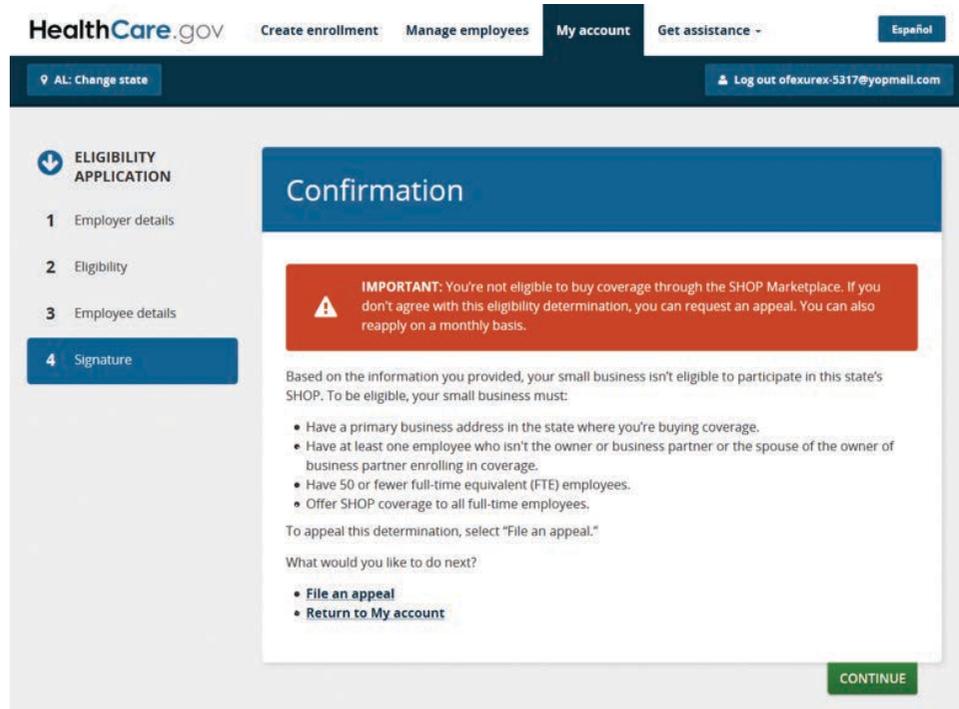
Browse SHOP Marketplace plans

Before you get started, you have the option to preview health and dental plans that may be available to you at **HealthCare.gov/see-plans/small-business**.

Start a SHOP Marketplace application

Once you decide that SHOP coverage might be right for you, you can start the application process. Choose the state where your business is located from the drop down menu, then select **APPLY**. You must have a primary business address in the state where you're applying for SHOP coverage. If you have multiple businesses or operate in multiple states, visit **HealthCare.gov/small-businesses/provide-shop-coverage/business-in-more-than-one-state** for more information.

• **Get help with your SHOP Marketplace application.** You can get authorize an agent or broker to help with your SHOP Marketplace application at any time. They can help you with the enrollment process, health and/or dental plan selection, and provide account management support.

Select the **Get assistance** tab to get SHOP Marketplace enrollment help from an agent or broker. On the **Find an agent/broker** page, you can search a list of agents and brokers registered to work with the SHOP Marketplace in your area. Enter information about your location and preferred language.
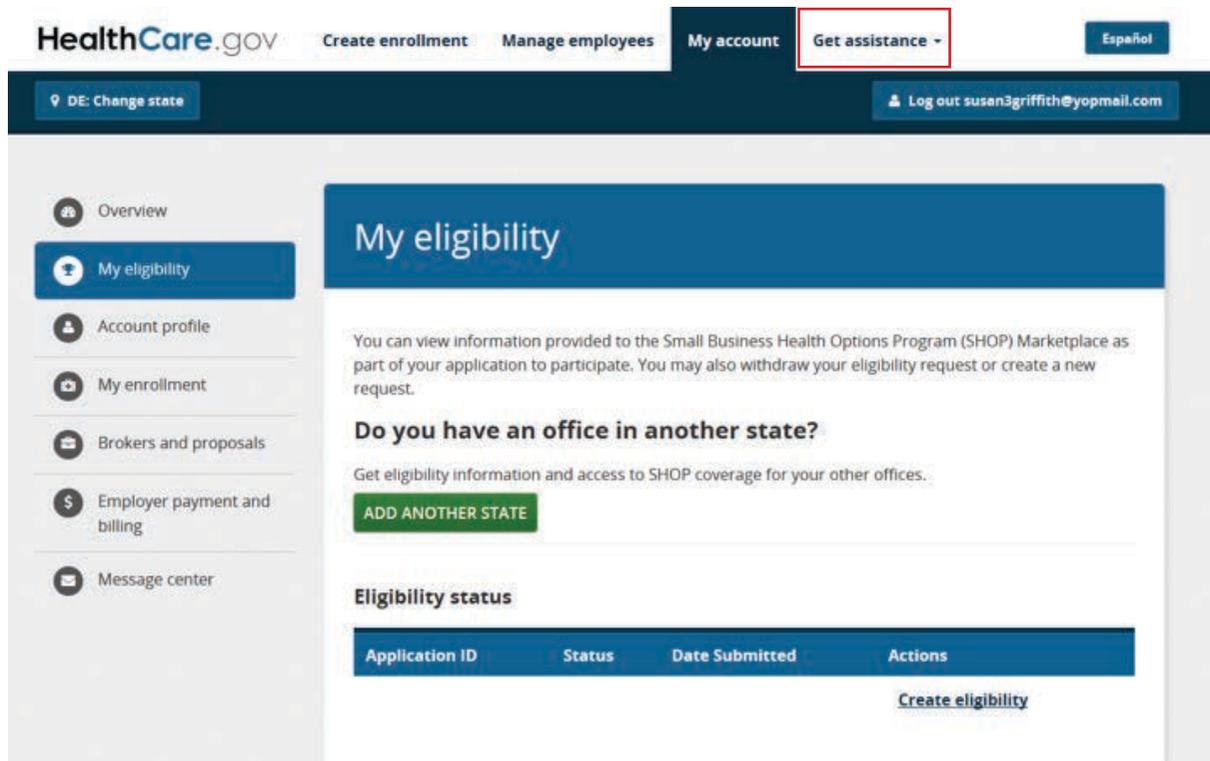
You'll have to authorize the agent/broker to act on your behalf. You can revoke the agent/broker's authorization if you no longer want help or you want to change agents/brokers. **Note:** You can only change agents and brokers twice within twelve months.

> o If you already have an agent or broker, you can enter the agent/broker's name and National Producer Number (NPN), if available.

> o Make sure your agent or broker has completed their own SHOP Marketplace registration requirements, so you can authorize them to act on your behalf.
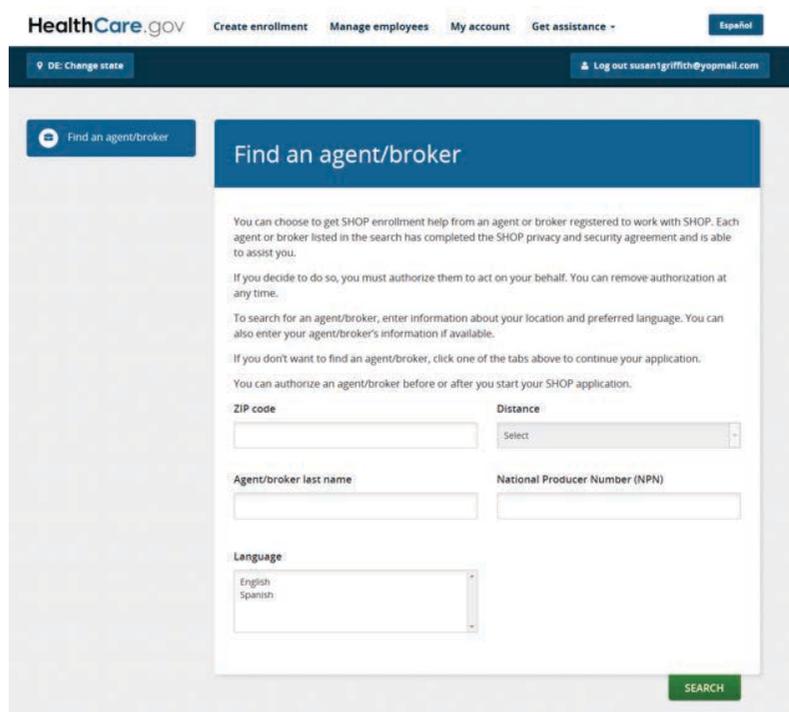
• **Enter information about your business.** On the **My account** tab, select **My eligibility**. Then select **Create eligibility**. On the **Employer details** page, enter details about your business, like business name, business address, phone number(s), federal tax ID, and employer type.

Select how you want to get official messages from the SHOP Marketplace, and your preferred language from the preferred method of contact and preferred spoken language drop down menus.

If you were previously enrolled in the SHOP Marketplace and had a lapse in coverage, the business information you entered before will display.

Here's how you complete each field on the **Employer details** page:

Legal business name	Enter the exact name of your business as listed on your tax documents.
Doing business as name (optional)	If your business runs under a different name, list the name here.
Federal Employer Identification Number (EIN)	Enter the 9-digit number that your business is registered under. HealthCare.gov will make sure the EIN is unique within your chosen state.

Business type	Select the best description of your business:
	• Church/Church affiliate
	• State/Local Government
	• Foreign Government
	• Non-profit organization
	• Tribal government
	• Private sector:
	    • C Corporation
	    • S Corporation
	    • Limited Liability Company
	    • 1040 Schedule C Business (self employed)
	    • Tax Exempt organization (to include corporation, trust, or association

Business billing address	Enter the address where all paper correspondence, including invoices, will be sent.
Business billing address phone number	Enter the phone number to contact you about billing questions.
Primary business address	Enter the address of your primary business location. To be eligible for SHOP, the address must be in the state you're requesting coverage.
Primary business phone number	Enter the phone number of your business.

Note: The county will fill automatically once you enter a ZIP code. If a ZIP code overlaps counties, you must manually select the county where your primary business address is located.

HealthCare.gov   Create enrollment   Manage employees   **My account**   Get assistance ▾   [Español]

♀ AL: Change state   ▲ Log out ofexurex-5317@yopmail.com

ELIGIBILITY APPLICATION

1 Employer details

2 Eligibility

3 Employee details

4 Signature

Business information

Start here to create a SHOP account and verify your eligibility to purchase a plan.

To be eligible, your small business must have a primary business address in the state where you're buying coverage, and have at least one employee who isn't the owner or business partner or the spouse of the owner or business partner enrolling in coverage. You must have 50 or fewer full-time equivalent (FTE) employees, and offer SHOP coverage to all full-time employees.

All information is required unless otherwise noted. You may save your data at any point and return later to finish.

A field with an asterisk (*) before it is a required field.

*Business name

Susan's Auto

"Doing business as" name   ***Federal Employer Identification Number (EIN)**

Business type   **Corporation**

Private Sector   ▾   LLC   ▾

Business billing address

*Street address   **Apt./Ste. #**

*City   ***ZIP code**   ***County**   ***State**

                                          County   ▾

*Phone number   **Ext.**   **Second phone number**   **Ext.**

Fax number

Primary business address   ☐ Select if primary business address is the same as billing address.

The primary business address can't be a P.O. Box. If you provide a P.O. Box, your enrollment application will be rejected.

*Street address   **Apt./Ste. #**

*City   ***ZIP code**   ***County**   ***State**

                                          County   ▾

*Phone number   **Ext.**   **Second phone number**   **Ext.**

Fax number

SAVE & CONTINUE

• Enter the primary contact for your business. Enter the information for the person you want to have access to your account to make premium payments and update enrollment for the business. The full name will automatically appear with the name used to create the account. You must enter the title, email address, mailing address, and phone number of your primary contact. You can select the preferred method of contact and a language preference. If you don't make a selection, the language preference will default to English.

Note: You have the option to add a secondary contact. The secondary contact won't have the same rights as the primary contact, but will be authorized to talk to the health insurance company on behalf of the account.

HealthCare.gov   Create enrollment   Manage employees   **My account**   Get assistance ▾   Español

📍 DE: Change state   👤 Log out susan3griffith@yopmail.com

⬇ **ELIGIBILITY APPLICATION**

1 Employer details

2 Eligibility

3 Employee details

4 Signature

Employer information – Primary contact

A field with an asterisk (*) before it is a required field.

Primary contact details

*First name	Middle name	*Last name	Suffix
Susan		Griffith	Suffix ▾

*Title (Examples: Owner, HR rep)   *Email address

Mailing address   ☐ Select if mailing address is the same as billing address.

*Street address   Apt./Ste. #

*City   *ZIP code   *County   *State
                                    County ▾

Contact preferences

*Phone number   Ext.   Phone type
                                    Cell ▾

Second phone number   Ext.   Phone type
                                    Home ▾

Fax number

Preferred spoken language   Preferred written language
English ▾   English ▾

Would you like to add a secondary contact?

○ Yes   ● No

BACK   **SAVE & CONTINUE**

• Verify that you meet all SHOP eligibility requirements. On the **Eligibility** page, you'll verify that your business meets the requirements below to be eligible to participate in the SHOP Marketplace. Select the box next to each statement.

☐ This business has 50 or fewer full-time equivalent (FTE) employees (or 100 or fewer FTE employees depending on the state) and has a primary business address in the state where I'm applying for this SHOP Marketplace coverage.

☐ All full-time employees of this business will be offered SHOP Marketplace coverage.

☐ This business has at least one employee who isn't the owner or business partner, or the spouse of the owner or business partner.

Select **SAVE & CONTINUE**.

Note: If you don't select all boxes verifying that you meet the requirements above, you'll see a message that you're ineligible for SHOP Marketplace coverage. **You can still continue with the application, but you won't be considered eligible for SHOP Marketplace coverage.**

• Enter employee information. On the **Employee details** page, you'll list all employees who will get a coverage offer, including you. To complete the employee roster, you'll need each employee's legal first and last name, date of birth, and Social Security Number. While not required, it's also important to include each employee's email address so they can be notified directly about your coverage offer. You'll also enter their address, employment status (like full or part-time), date of hire, and contact preferences. You can select one of these 3 options to list your employees:

> 1. Select **ADD EMPLOYEE** to enter employee information one at a time on the employee roster screen.
> 2. Select **BLANK ROSTER** to download an Excel roster template.
> 3. Select **COMPLETED ROSTER** to upload an Excel file with your employees' information. After you select the file from your computer, the file name will appear in the employee roster dialogue box.

Note: You can download the 1997-2003 Excel template on the employee roster page. You can only upload the 1997-2003 Microsoft Excel file. You'll get an error message if the file isn't in the right format.

You can also add dependent information, but this is optional. Your employees may enter this information when they review your coverage offer.

On the employee roster, each employee is assigned a participation code. The SHOP Marketplace will email this code to employees using the email address on the employee roster. Your employees need this code to review and respond to your coverage offer, and complete their applications.

Once you've created or uploaded an employee roster, select **SAVE & CONTINUE**. You can review and edit the roster as employees are added.

To update information for a specific employee, you can sort the roster and perform a search. You can't upload a new roster if it has an employee that's already entered in the current roster.

After you create your enrollment criteria, only employees included on the roster will be included in your initial Open Enrollment Period.

Employee roster

Submit a roster that lists all employees who'll get an offer of coverage, including you. You can upload a complete employee roster or add employees manually.

- List all eligible employees, even if some may not accept coverage. You can include yourself, but you can't be the only one listed on the roster.
- At a minimum, you must offer coverage to each employee working an average of 30 or more hours a week throughout the year.
- All employees working 30 or more hours a week should be listed, even if they don't plan to accept coverage.

You need to list these people so you can track the percentage of employees who accept your offer of coverage. This lets you determine if you meet the minimum participate rate.

• Review and sign your application. On the **Signature** page, you'll need to certify that the information on your application is valid. Select the box showing that you agree to the terms of the application, enter your full name, and select **SAVE AND CONTINUE (see the Signature screen on the next page)**.

• **Get an eligibility confirmation.** You'll get a confirmation letting you know if you're eligible to buy coverage through the SHOP Marketplace for your business.

Select **CONTINUE** to go to the **My eligibility** page and start your enrollment criteria. You can also view, withdraw, or update your application there.

If you're not eligible, you can select **File an appeal** or **Return to My Account** to withdraw your current application and start a new one.

Submit a SHOP Marketplace appeal

To submit an appeal, select **Create appeal** in the **Actions** field to get the appeal request form. Print the appeal request form and mail it to the address on the form. You have 90 days from the date in your SHOP eligibility determination notice to request an appeal. You'll be notified by mail of the outcome of the appeal request within 90 days of the date you submit your appeal request form. Learn more about SHOP Marketplace appeals at **Marketplace.cms.gov/outreach-and-education/shop-marketplace-appeals-2016.pdf**.
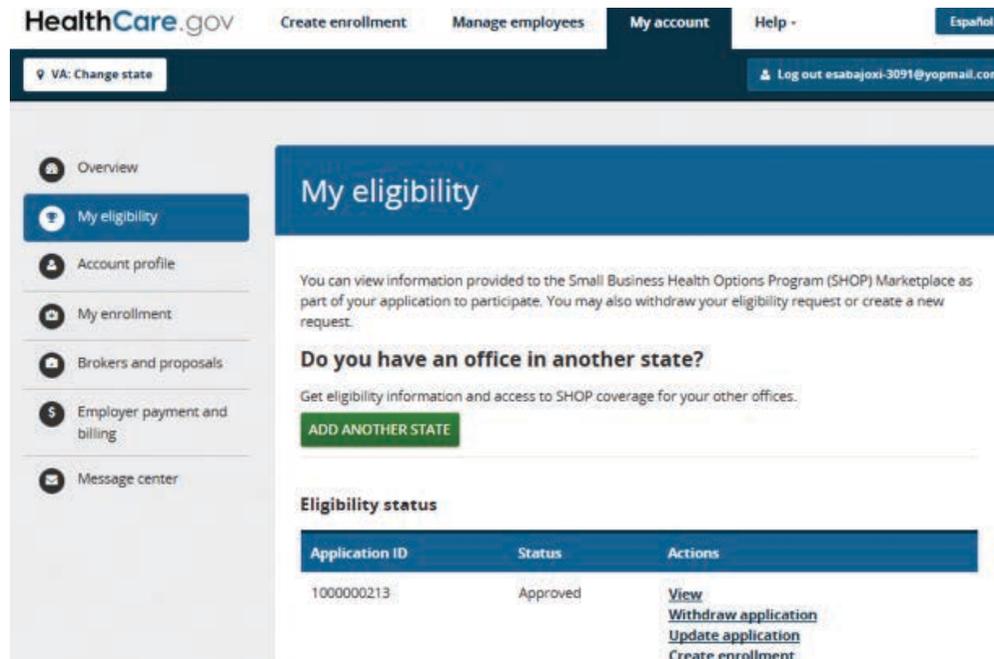
Withdraw your application

If you want to terminate your application, select **Withdraw application** in the **Actions** field. Enter the reason for withdrawing your application from the drop down menu and select **WITHDRAW APPLICATION**.

Create your enrollment criteria

Select **Create enrollment** on the **My eligibility** page to start your enrollment criteria.

- **Set your enrollment period.** On the **Set enrollment period** page, you can set the:

  o **Enrollment period**. Your group's enrollment period is the timeframe your employees have to review your coverage offer, and accept or decline coverage. Remember, you should submit your application by the 15th of the month if you want your coverage to start on the first of the following month.

  o **Effective date of coverage**. The effective date of coverage is the day you want to start coverage for your employees.

• If the last day for employees to enroll is on or before the 15th of the current month, the effective date will be the first of the following month.

• If the last day for employees to enroll is after the 15th of the current month, the effective date will be the first of the second following month.

o **New employee waiting period**. You can decide how much time must pass before coverage can become effective for a new employee hired after your SHOP Marketplace initial Open Enrollment Period or coverage renewal. You're not required to set a waiting period, but if you do, you can choose 0, 15, 30, 45, or 60 days.
Learn how your coverage start date might affect your costs.

Select **SAVE & CONTINUE**.

• **Select how you'll offer coverage.** On the **Decide how you offer coverage** page, you'll choose whether you want to offer your employees a single plan or a choice of plans (called "Employee Choice"). You'll also decide if you'll offer dental coverage. You're not required to offer dental coverage.

Note: You don't have to offer both health and dental coverage to your employees. You may choose to offer dental coverage only. There's no minimum participation rate requirement to enroll in a dental plan. If dependent coverage is offered, dependents can enroll in a dental plan without also enrolling in a health plan, and vice versa. Similar to health plans, employees must enroll in a dental plan before their dependents may enroll in a dental plan.

You have 2 options to offer SHOP Marketplace coverage:

1. **Single health plan**. You may select one insurance company and health plan to offer your employees. If you offer one health plan, you'll select from a list of insurance companies in your area. You can make changes any time before you submit your application.

2. **Employee Choice**. You may select one plan category (like Bronze or Silver) and employees can choose any plan from any insurance company in that category.

• Set your premium contribution. On the **Set employer premium contribution** page, decide how much you want to contribute toward employee premiums. If you offer dependent coverage, you'll also decide how much you want to contribute towards dependent premiums.

Note: To qualify for the Small Business Health Care Tax Credit, you must contribute at least 50% of the total employee premium. Visit the SHOP Tax Credit Estimator at **HealthCare.gov/small-businesses/provide-shop-coverage/small-business-tax-credits** to see if you qualify for the tax credit and how much it may be worth to you.

o If you offer one health plan, you'll contribute a fixed percentage of the individual plan premium for each employee and dependent (if you offer dependent coverage). Under **Contribution method**, select the fixed percentage radio button for medical and dental coverage, if applicable. Then you can enter your percentage contribution in the contribution box for employees and dependents.

o If you offer your employees a choice of plans, you have 2 options:

1. Contribute a fixed percentage of any individual plan premiums within a health plan category (like Bronze or Silver) for each employee and dependent (if you offer dependent coverage). The fixed percentage amount will vary from employee to employee based on their age and the plan they choose.

For example: Jane is 25, and her premium is $200 per month. John is 60, and his premium is $300 per month. You decided to pay 80% toward your employees' individual plan premiums (which varies by their age). This means that you'll pay $160 per month toward Jane's premium and $240 per month toward John's premium.

If you choose this option, under **Contribution method**, select **Fixed percentage** for health and dental coverage, if applicable. Then you can enter your percentage contribution in the box for employees and dependents.

2. Contribute a fixed percentage of a specific "reference plan" premium amount that you choose. The reference plan is used only to determine the percentage amount you'll contribute toward your employees' premium.

For example: The reference plan premium is $100 for Bob, and your contribution is 50%. You'll pay $50 toward Bob's premium, even if he chooses a different plan. The reference plan premium amount will vary from employee to employee based on their age, but you'll know up front what your cost will be for each employee and dependent regardless of the plan each employee chooses.

If you choose this option, select the **Reference plan** button for health and dental coverage, if applicable. Then you can enter your percentage contribution in the box for employees and dependents.

Select the box next to dependents if you want to contribute to dependent premiums. If you decide to offer dependent coverage without contributing toward coverage, add a "0" in the dependents box.

Whether you offer one plan or a choice of plans, your percentage contribution will convert to a specific dollar amount that you can use for budgeting purposes. You'll see what the employees' and your premium contribution will be when you compare plans.

Note: You may revise the percentage contribution any time prior to submitting the enrollment application.

After you enter your percentage contribution, select **SAVE & CONTINUE.**

• **Select a plan.** You'll review and select coverage on the **Select plans** page. If you're offering a single health plan, you can look through the available plans in your area, compare costs and benefits, and choose one that's right for you and your employees.

o **Review plan details:** To review more detailed information about a plan, like copayments, laboratory and outpatient services, medical devices, emergency care, prescription drugs, and inpatient stays, select **View Details**.

o **Compare plans side-by-side:** To compare side-by-side, select the **Select to compare** checkbox for each plan you want to compare. You can compare up to three plans at a time. After choosing each plan you want to compare, select **Compare plans**.

Select **View Details** to see a side-by-side comparison of each plan's copayments, deductibles, covered services, and provider network information.

o **Sort plans:** You can sort plans using the **Sort by** drop-down menu and selecting any of the cost or deductible options listed.

o **Filter plans:** You can also filter your plan results under **Narrow your results**.

• **Select a health plan category.** If you offer your employees a choice of health plans, you'll select one **health plan category** (like Bronze, Silver, Gold, or Platinum) and your employees can select any plan in that category. If you decide to contribute a fix percentage toward your employees' premium, you won't need to select a reference plan.

- **Review dental coverage options.** If you're offering dental coverage, compare dental plans and choose one that's right for you and your employees. To do this, you'll follow the same process described above to review, compare, and select a dental plan.

You have 2 options when offering dental coverage through the SHOP Marketplace:

> **1. Single dental plan option**. You may select one dental plan to offer your employees. If you offer one dental plan, you'll select from a list of insurance companies in your area. You can make changes any time before you submit your application. If you offer one dental plan, you can contribute based on a fixed percentage.

> **2. Employee Choice option**. You may select one plan category (Low or High) and employees are free to choose any plan from any insurance company in that plan category. If you offer your employees a choice of dental plans, you can select a reference plan for dental coverage or contribute based on a fixed percentage.

• **Review coverage selection.** Before you submit your application, it's important that you review your application and verify business information.

> o On the **Summary & submit** page, review the details of your coverage. If you need to make any changes, select **Edit**.

> o When you're done reviewing your coverage offer, select **Submit**.

> o Select the **My account** tab. Then select **My enrollment** to view your enrollment details, like your employee participation rate, coverage start date, and enrollment period date.

After you submit your application, you'll get a confirmation that your application was submitted and your employees are ready to review your coverage offer and select a plan.

- **Tell your employees about your coverage offer.** Once you submit your coverage offer, the SHOP Marketplace will send an email to all employees who you provided email addresses with your application. The email includes your participation code and a link to the SHOP Marketplace website where employees can fill out the employee application and accept or decline the coverage offer.

You're responsible for making sure that all your employees get information about how to enroll in SHOP Marketplace coverage. If you have employees without an email address, you'll have to notify them of your coverage offer and give them their unique participation code. Select the **Manage employees** tab to get the participation code.

Note: The employees' name, Social Security Number, and participation code must match exactly what you've entered or they won't be able to access the SHOP Marketplace application.

Track employee participation & submit application

- **View employee enrollment status.** Select **My enrollment** to see the list of employees who have accepted or declined your coverage offer. Your employees have to respond by the last day of the enrollment period you set for your employees.

HealthCare.gov

Create enrollment   Manage employees   **My account**   Get assistance ▾   Español

⚲ DE: Change state   👤 Log out susan1griffith@yopmail.com

- 🏠 Overview
- 🏆 My eligibility
- 👤 Account profile
- 📋 **My enrollment**
- 💼 Brokers and proposals
- 💲 Employer payment and billing
- ✉️ Message center

Employee enrollment & applications

BACK TO MY ENROLLMENT

ℹ️ **Important:** Have employees add your address to their email contact list so your offer isn't labeled as spam or junk mail.

The SHOP Marketplace will send an email about your coverage offer to each employee whose email address you provided with your application. The email includes your participation code and a link to the SHOP website where they can fill out the employee application.

It's your responsibility to ensure that all your employees get information about how to enroll in a health plan through SHOP.

VIEW MEMBER & PREMIUM DETAILS   🖨 PRINT

Coverage start date   **Last day employees have to enroll**

01-01-2016, Enrollment period in progress   09-25-2015

SHOP Application # 1000004736   **Your current participation rate**

Status Pending submission   100.0%

VIEW ENROLLMENT DETAILS

ℹ️ **Important:** When you're ready to submit, be sure that:

- All employees have responded to your offer, even if they're not enrolling in your SHOP coverage now.

- Your enrollment meets the minimum participation rate for your state.

- You have at least one common law employee enrolling in your SHOP coverage.

- You'll submit your completed application by the 15th of the month before your SHOP coverage will start.

WITHDRAW   REVIEW APPLICATION

Enrollment status

Employee ID	Employee name	Plan	Dependent coverage	Status	Actions
1	Bob Smith	Health / 59054DE002	Yes	Completed	**View employee enrollment details**
		Dental / FFM Dental	Yes	Completed	

• **Submit your application.** After your enrollment period closes, you can submit your application. In **My enrollment**, you'll submit your enrollment application after your employees have responded to your coverage offer and you've met your **employee minimum participation requirement**.

• **Review your application carefully.** Once your coverage starts, you won't be able to make changes to your coverage offer and contribution until your next enrollment period. Your plan year is a 12-month period starting with your effective date of coverage.

• **Select all of the boxes that apply to your business.** Certain Medicare and COBRA provisions may apply to your coverage, depending on the size of your business. Select the box next to each of these statements that apply to you:

☐ Your business had fewer than 20 employees throughout last year and this year.

☐ Your business had 20 or more employees (both full time and part time) on each working day of 20 or more weeks this calendar year or last calendar year.

☐ Your business had 20 or more full-time equivalent employees on 50% or more of the working days in the last calendar year.

☐ Your business had an average of 51 or more employees (both full time and part time) on business days during the last calendar year.

☐ Your business had 100 or more employees (both full time and part time) on 50% or more of the working days in the last calendar year.

• **Sign the SHOP Marketplace user agreement.** You must agree to these statements to submit your application:

☐ This business is legal and the total number of employees is accurate.

☐ This SHOP Marketplace coverage will be offered to all full time employees and at least one employee works in the SHOP Marketplace service area.

☐ I'm signing this application under penalty of perjury, which means I've provided true answers to all the questions to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally

provide false or untrue information. In addition, I know that my SHOP Marketplace coverage may be impacted if I provide false or untrue information.

• **Submit your application**. Select **SUBMIT APPLICATION**.

• **Activate your coverage.** To activate your new coverage, you must pay the first month's premium by selecting **PAY NOW**.

Review and sign user agreement

Read, attest if accurate, and sign to indicate your agreement.

Attest before buying SHOP coverage

A field with an asterisk (*) before it is a required field.

Important:Certain Medicare and COBRA provisions may apply to your employees' coverage, depending on the size of your business.(Check all that apply)

☐ Your business had fewer than 20 employees throughout last year and this year.

☐ Your business had 20 or more employees (both full time and part time) on each working day of 20 or more weeks this calendar year or last calendar year.

☐ Your business had 20 or more full-time equivalent employees on 50% or more of the working days in the last calendar year.

☐ Your business had an average of 51 or more employees (both full time and part time) on business days during the last calendar year.

☐ Your business had 100 or more employees (both full time and part time) on 50% or more of the working days in the last calendar year.

By signing this section, you are agreeing to the following statements:

☐ This business is legal and the total number of employees is accurate.

☐ This SHOP coverage will be offered to all full time employees and at least one employee works in the SHOP service area.

☐ I'm signing this application under penalty of perjury, which means I've provided true answers to all the questions to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information. In addition, I know that my SHOP coverage may be impacted if I provide false or untrue information.

☐ *I've read and agree to these statements.

*Electronic signature

[   ]

Susan Griffith

Date: 09/25/2015

[SUBMIT APPLICATION]

• **Pay your first month's premium.** You must submit your first month's premium payment by the enrollment deadline (the 15th of the month prior to the coverage effective date) for coverage to start on the first of the month. The fastest way to submit a payment is online. You can also mail in SHOP payments to:

SHOP Marketplace
PO Box 2130
South Portland, ME 04116

Make checks payable to the SHOP Marketplace.

Minimum Participation Rate

The minimum participation requirement doesn't apply between November 15 and December 15. Outside of this enrollment period, you must meet the minimum participation rate for your state to qualify for SHOP Marketplace coverage. If you don't have enough employees to enroll, you won't be allowed to submit your application. At this point, you have 2 options:

1. **Change your coverage offer.** You can do this if you want to enroll any time during the year. For example, you can increase the amount you contribute to employees' premiums to encourage more of them to participate. If you change your coverage offer, you'll need to withdraw your current coverage offer and start the process over using the information from your initial application. You'll also need to set up a new employee enrollment period.

2. **Withdraw your coverage offer.** If you decide not to offer coverage, go to the **My account** tab and select **My enrollment**. Then select **Withdraw** on the **Employee enrollment & applications** page.

Calculating the minimum participation rate

• The SHOP Marketplace minimum participation rate is based on the rate of employee participation in the SHOP Marketplace and in other minimum essential coverage, including employees enrolled in coverage through another group health plan, like Medicare, Medicaid, TRICARE, coverage sold through the individual market, or in other minimum essential coverage.

• The SHOP Marketplace Minimum Participation Rate Calculator is available to help you predict if you'll meet the Minimum Participation Rate for your state. Visit **HealthCare.gov/small-businesses/choose-and-enroll/tools-and-calculators**.

For more information, visit **HealthCare.gov/small-businesses/provide-shop-coverage/qualify-for-shop-marketplace**.

Cancel or terminate coverage

If you decide not to offer coverage, or an employee wants to cancel their enrollment, you have until 11:59pm EST to cancel before the coverage effective date. The SHOP Marketplace will provide a refund for any payments collected. **Important:** Employees should work with their employers to cancel enrollment.

If you want to terminate enrollment after the coverage effective date, your coverage will be terminated on the last day of the month in which you terminated coverage. In this case, you won't get a refund from the SHOP Marketplace. For example, if your group enrolls with a January 1 coverage effective date and you change your mind on or after January 1, the earliest you can terminate coverage is January 31.

To cancel or terminate coverage:

- Select the **My account** tab and then select **My eligibility**.

- On the **My eligibility** page, select **Withdraw application** under the **Actions** field.

- Enter the reason for withdrawing your application from the drop down menu and select **WITHDRAW APPLICATION**.

You can also contact the SHOP Call Center at 1-800-706-7893, Monday–Friday, 9 a.m. - 7 p.m. ET. TTY users should call 711 to reach a call center representative.

Special Enrollment Period

Qualified employees and their dependents (if you offer dependent coverage) may have a right to sign up for your coverage or make changes to their coverage choices outside of your initial Open Enrollment Period. Job-based plans must provide this Special Enrollment Period (SEP) of 30 days following certain life events that involve a change in dependent status or loss of other health coverage. If you don't offer dependent coverage, an SEP applies only to qualified employees. **Learn more about the Special Enrollment Period** and qualifying life events.

Forgot your HealthCare.gov username and/or password?

If you forgot your **username**, enter your name and email address, and select **SEND EMAIL**. An email with your username will be sent to the email address in your account.

If you forgot your **password**, enter your Marketplace username and select **SEND EMAIL**. An email with a temporary password will be sent to the email address in your account.

Have questions or need help?

For more information on the SHOP Marketplace, visit **HealthCare.gov/small-businesses**, or you can contact the SHOP Call Center at 1-800-706-7893, Monday–Friday, 9 a.m. - 7 p.m. ET. TTY users should call 711 to reach a call center representative.