Employer Coverage Tool

Form Approved OMB No. 0938-1213

Print or download this tool to gather answers about any employer health coverage that you're eligible for (even if it's from another person's job, like from a parent or spouse). You'll need this information to complete your Marketplace application, even if you don't accept the employer insurance you're eligible for. Write the employee's name and Social Security Number (SSN) in boxes 1 and 2 and ask the employer to fill out the rest of the form. Complete one tool for each employer that offers health coverage that you're eligible for.

Employee name (First, Middle, Last)		2. Employee SSN	
Yessica MedinaCoba		- 4 4 1 7	
EMPLOYER information Ask the employer for this information.			
Employer/company name			
Randstad			
. Employer Identification Number (EIN)	5. Employer phone	5. Employer phone number	
5 8 -2 4 1 4 1 7 7	(7 7 0)	9 3 7 - 7	0 0 0
low, enter the information of the person or department we need more information.	t who manages em	ployee benefit	s. We may contact this per
i. Person or department we can contact about employee health coverage			
VCG Administration Services			
. Employer address (the Marketplace may send notices to this address)			
One Overton Park 3625 Cumberland Blvd SE			
3. City		9. State	10. ZIP code
Atlanta		G A	3 0 3 3 9
1. Phone number (if different from above) 12. Email ad	ldress		
7 7 0 8 6 3 - 3 6 9 5 appe	als@acaemploye	erform.com	
13. Is the employee currently eligible for coverage offered by this employee (Continue) a. If the employee isn't eligible today, including as a result of a waiting or probationary period, when will the employee be eligi	⊗NO (EMPLO EMPLO ible Market	OYER STOP and retu OYEE: Return to you place coverage.)	ırn this form to the employee.
b. Does the employer offer a health plan that covers this employe			
○ YES If yes, which people? ○ Spouse ○ Dependent(s)	ONO (Go to d	•	
List the names of anyone else in the employee's household who's Name	eligible for coverage fro	om this job.	
. Canada			

continued on the next page

Tell us about the health coverage offered by this employer.

14. Does the employer offer a health plan that meets the minimum value standard*?
○ YES (Go to question 15.) ○ NO (STOP and return this form to employee.)
15. How much would the employee have to pay for the lowest cost plan offered to the employee only that meets the minimum value standard*? Don't include family plans. NOTE: If the employer offers wellness programs, enter the premium that the employee would pay if the employee got the maximum discount for any tobacco cessation programs and didn't get any other discounts based on wellness programs.
a. Employee would pay this premium: \$
NOTE: Enter the lowest amount the employee could pay for health coverage.
b. Employee would pay this amount: O Weekly O Every 2 weeks O Twice a month O Once a month O Quarterly O Yearly
(Go to next question.)
16. What changes will the employer make for the new plan year?
○ Employer won't offer health coverage as of this date: (mm/dd/yyyy)
O The premium amount will change for the lowest-cost plan that meets the minimum value standard* and is available to the employee only (Premium should only reflect discounts for tobacco cessation programs. See question 15.)
a. Employee would pay this premium: \$
b. How often? Weekly Every 2 weeks Twice a month Once a month Quarterly Yearly
c. Date of change: (mm/dd/yyyy)
⊗ I don't know if the employer will make changes.
○ Employer won't make any of these changes.
*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

You have the right to get Marketplace information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit CMS.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html, or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.

and doctor services. Most job-based plans meet the minimum value standard.