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Q. What is the employer notice program?

The Affordable Care Act and implementing regulations require each Health Insurance Marketplace to notify any employer whose employee was determined eligible for advance premium tax credits (APTC) and cost sharing reductions (CSRs).

Q. Why did I receive a notice?

You may have received a notice if an employee of yours attested that he or she was neither enrolled in employer sponsored coverage nor eligible for employer coverage that is affordable and meets the minimum value standard and was found eligible for APTC or CSRs.

Q. What can I do if I believe there was a mistake regarding the employee's eligibility for APTC or CSRs?

An employer may appeal an employer notice and assert that it provides its employee access to affordable, minimum value employer sponsored coverage or that its employee is enrolled in employer coverage, and therefore that the employee is ineligible for APTC. If the employer is successful, the FFM will send a notice to the employee encouraging the employee to update his or her Marketplace application to reflect that he or she has access to or is enrolled in other coverage. The notice will also explain that failure to update the application may result in a tax liability.

Q. If I received a notice does that mean I will be subject to a penalty?

The IRS will independently determine any liability for the employer shared responsibility payment without regard to whether they received a notice or the employer engaged in any appeals process.

Q. How do I submit an appeal?

An employer must send an appeal request via:

Mail: Fax:

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

1-877-369-0129.

An employer appeal request form is available at https://www.healthcare.gov/marketplace-appeals/.

Q. How long do I have to submit an appeal?

A. An employer has 90 days from the date of the notice to request an appeal.

Q. What if I have further questions?

Feel free to contact TEL's Human Resources Department at 850-476-9008.