



New Health Insurance Exchange (Marketplace) Instructions for Employers

Employer Name: Security Auto Sales Inc

This content assists employers with completing the Model Notice that they **must distribute to employees by October 1, 2013**. In compliance with the Affordable Care Act as it concerns new Health Insurance Exchanges, the appropriate Model Notice **must** be completed by the employer and distributed to all employees (regardless of enrollment, part-time, or full-time status), and to new hires within 14 days of employee start date.

Said Notice may be provided by first-class mail. Alternatively, electronic distribution is permitted if Department of Labor electronic disclosure safe harbor requirements(29 CFR 2520.104b-1[c]) are met.

How to Download and Complete the Model Notice

- **The Model Notice is available on the Department of Labor (DOL) website.**
 - Employers with a health plan, please use: <http://www.dol.gov/ebsa/pdf/FLSAwithplans.pdf>
 - Employers with no health plan, please use: <http://www.dol.gov/ebsa/pdf/FLSAwithoutplans.pdf>
 - All employers read the general information about the Health Insurance Exchange under Part A.
- **Complete the information within the blue boxes (numbered 3 through 12) for PART B on Page 2.**
 - Box 3: Enter your company's name.
 - Box 4: Enter the current Employer Identification Number (EIN).
 - Boxes 5-9: Enter your company's full address (including suite, room, or other unit number) and telephone number.
 - Box 10: Enter the employer contact for questions regarding the health plan.
 - Box 11: If there is a secondary company telephone number, you may enter it.
 - Box 12: Enter an email address for your company's contact.
- **Complete the basic information questions (located directly below the blue boxes):**
 - Check the boxes that apply to your company's health coverage.
 - Carefully include the appropriate details (e.g. Eligible employees are: Full time employees who work 30 or more hours per week; Eligible dependents are: tax eligible dependents such as a spouse or children).
 - If your company does not offer health coverage to dependents, please check the appropriate box.

Please note: The Model Notice includes three total pages. Only the first two are required. And while optional, employers may complete and distribute page 3 to help ensure employees understand coverage choices.

Important Notes

- *Even when a company intends that the coverage be affordable, employees may nevertheless be eligible for a premium discount through the Marketplace. In determining whether a premium discount applies The Marketplace considers employee household income, along with other factors. For example, said discount may apply if the employee's wages vary from week to week (perhaps an hourly employee or works on a commission basis), if the employee is newly employed mid-year, or if the employee has other income losses.*
- *The Model Notice provides vital employer information which employees in turn must enter at HealthCare.gov to determine their eligibility for a premium discount (a tax credit to lower their monthly premiums).*
- *Employees who decide to shop for coverage in the Marketplace are guided through the process at HealthCare.gov.*