

ACA Employee Information

Company Name: _____ Client # _____

Employee Name: _____ SS# _____

Use this section when EE is hired **OR** experiences a change in status:

Hire/ Status Change date: _____					
Employment Status (circle one):	Part-time	Full-time	Unknown	Seasonal < 120	1099

Use this section to provide info about offer of coverage (submit this completed section to TPD when EE elects/declines coverage):

ACA Offer of Coverage Code (circle one):	1A	1B	1C	1D
	1E	1F	1G	1H
Effective date for offer of coverage: _____				
Section 4980H Safe Harbor (circle one):	2A	2B	2C	2D
	2E	2F	2G	2H
Effective date for Safe Harbor: _____				

Use this section for any modifications during employment (stops/starts coverage, etc.):

Please change the coverage code to (circle one):	1A	1B	1C	1D
	1E	1F	1G	1H
Effective Date for change: _____				
Please change the Section 4980H Safe Harbor to (circle one):	2A	2B	2C	2D
	2E	2F	2G	2H
Effective Date for Safe Harbor change: _____				

Use this section when EE no longer works for your company:

Term Date: _____
