

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 (select one):

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 (select one):

Effective date for offer of coverage: _____

Section 4980H Safe Harbor (select one):

Effective date for Safe Harbor: _____

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

Please change the coverage code to (select one):

Effective Date for change: _____

Please change the Section 4980H Safe Harbor to (select one):

Effective Date for Safe Harbor change: _____

Use this section when EE no longer works for your company

Term Date: _____