ACA Employee Information

Company Name:	Client #				
Employee Name:	SS#				
Use this section when EE is hired OR experiences a change	e 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
Effective date for offer of coverage:	1E	1F	1G	1H
Section 4980H Safe Harbor (circle one):	2A	2B	2C	2D
Effective date for Safe Harbor:	2E	2F	2G	2H

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

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

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

Term Date: _____