

June 21, 2016

P-0009 T-0541 00108799 1 AT .399  
[Redacted]  
[Redacted]  
[Redacted]  
[Barcode]

Dear Benefits Manager:

The person listed below submitted an application for health coverage through the Health Insurance Marketplace in Pennsylvania and indicated that he or she is an employee of [Redacted] MONASTERY at the address shown above.

This person reported that he or she:

- didn't have an offer of health care coverage from [Redacted] MONASTERY;
- did have an offer of health care coverage, but it wasn't affordable or didn't provide minimum value; or
- was in a waiting period and unable to enroll in health care coverage.

The employee has been determined eligible for advance payments of the premium tax credit (APTC) or cost-sharing reductions (CSRs) for at least one month during 2016 to help pay for Marketplace coverage and has enrolled in coverage through the Marketplace.

Employee Name	Birthdate	Last 4 digits of Social Security Number (if available)	Marketplace Application ID
[Redacted]	[Redacted]	[Redacted]	[Redacted]

### Why am I getting this notice?

This notice informs you that your employee was found eligible for APTC or CSRs and that, if various conditions are met, you may have to pay an employer shared responsibility payment to the Internal Revenue Service (IRS) in the future. It also notifies you of your opportunity to appeal this eligibility determination.

Certain employers (those with at least 50 full-time employees or full-time equivalent employees, called



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If you have questions: Visit [go.cms.gov/CCBOEmployers](http://go.cms.gov/CCBOEmployers). Or call: 1 800 355 5856 (TTY: 711). The call is free.

applicable large employers) might have to pay an employer shared responsibility payment for any month that at least one full-time employee enrolled in Marketplace coverage and receives APTC or CSRs.

If ██████████ MONASTERY is an applicable large employer, at least one of its employees received APTC or CSRs for at least one month during 2016, and it meets other Internal Revenue Service (IRS) criteria, the IRS may determine that it must pay an employer shared responsibility payment.

**Important:** This is only a notification that ██████████ MONASTERY may have to pay an employer shared responsibility payment. **Only the IRS, not the Marketplace, can determine whether this employer will owe an employer shared responsibility payment.**



## What can I do next?

To learn more, you can visit [IRS.gov/aca](http://IRS.gov/aca) or contact the IRS at 800-829-4933 Monday – Friday, 7 a.m. – 7 p.m. your local time (Alaska & Hawaii follow Pacific Time).

You may file an appeal to the Marketplace if you believe there's been a mistake regarding the employee's eligibility for APTC or CSRs. If you believe your employee was incorrectly determined eligible for APTC or CSRs because you offered the employee affordable, minimum value health coverage, filing an appeal could help reduce the employee's potential tax liability. Filing an appeal could also eliminate reports from the Marketplace to the IRS that your employee received APTC or CSRs following an appeal decision in your favor. **However, filing an appeal won't necessarily affect whether you have to pay an employer shared responsibility payment to the IRS, because the IRS will determine independently whether you have to pay.**

If you appeal, the Marketplace will consider evidence provided by both you and your employee to determine if the employee is eligible for APTC or CSRs.

Remember, it's a violation of the Fair Labor Standards Act to discriminate against any employee because he or she received APTC or CSRs.

## What are my appeal rights?

You have 90 days from the date of this notice to request an appeal from the Marketplace. For more information about the employer appeal process and to download the employer appeal request form, visit [HealthCare.gov/marketplace-appeals/employer-appeals](http://HealthCare.gov/marketplace-appeals/employer-appeals) and mail the completed form to:

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

You may also fax the form through this secure fax line: 1-877-369-0129.

**You must include a copy of this notice with your appeal request.**

## Where can I find more information?

For more information about the employer shared responsibility provisions, visit [www.irs.gov/aca](http://www.irs.gov/aca).

Sincerely,

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

*The information provided in this letter is based on Section 1411(e)(4)(B)(iii) of the Affordable Care Act, which specifies when the Marketplace must send this notice, Section 4980H of the Internal Revenue Code, which contains the employer shared responsibility provisions, Section 5000A of the Internal Revenue Code, which defines minimum essential coverage, and Section 36B of the Internal Revenue Code, which explains the rules regarding when coverage through an employer is considered affordable and meets the minimum value standard.*

**Privacy Disclosure:** The Health Insurance Marketplace protects the privacy and security of the personally identifiable information (PII) that the application filer has provided (see <https://www.healthcare.gov/privacy/>). This notice was generated by the Marketplace based on 45 CFR 155.310(h). The information used to create this notice was collected on the application that the employee or other application filer filled out and from other data sources through the electronic eligibility verification process to get an eligibility determination for enrollment in a qualified health plan through the Marketplace and for insurance affordability programs. For more information about the privacy and security of PII, visit [HealthCare.gov](http://HealthCare.gov). The valid OMB control number for this information collection is 0938-1191.

**Nondiscrimination:** The Health Insurance Marketplace doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800-368-1019 (TTY: 1-800-537-7697), visiting [hhs.gov/ocr/civilrights/complaints](http://hhs.gov/ocr/civilrights/complaints), or writing to the Office for Civil Rights/ U.S. Department of Health and Human Services/200 Independence Avenue, SW/ Room 509F, HHH Building/ Washington, D.C. 20201.



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